

AMERICAN  
CHILDREN'S  
CAMPAIGN

BE the change

I would like to support American Children's Campaign!

**Donor Information (please print or type)**

Name \_\_\_\_\_

Billing address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_

Email \_\_\_\_\_

**Pledge Information**

I/we pledge a total of \$ \_\_\_\_\_ to be paid:  now  monthly  annually

I (we) plan to make this contribution in the form of:  cash  check  credit card

other *please specify type:* \_\_\_\_\_

Credit card number \_\_\_\_\_

Credit card type | Exp. Date \_\_\_\_\_

Authorized signature \_\_\_\_\_

Gift will be matched by (company/family/foundation) \_\_\_\_\_

form enclosed  form will be forwarded

**Acknowledgement Information**

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

I (we) wish to have our gift remain anonymous.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Please make checks, corporate matches,  
or other gifts payable to:

American Children's  
Campaign  
P.O. Box 1718  
Tallahassee, FL 32302