



**CHILDREN'S
HOME
SOCIETY OF
CALIFORNIA**

**Mail-In Donation and
Information Request Form**

My gift of \$ _____ is a:

- One-time donation
- Monthly donation

Please enroll me in:

- The President's Circle of Distinction with my Gift of \$5,000 or more
- The President's Circle with my Gift of \$1,000-\$4,999
- The Townsend Associates with my Gift of \$500-\$999
- The CHS Sponsors with my Gift of \$125-\$499

Please send me information regarding:

- Bequests and Estate Planning
- Heritage Club Membership
- Remembrance Gifts
- Holiday Greetings

**Providing Quality
Services to
Children and
Families Across
California for
120 Years!**

Please fax this completed form to (213) 240-5945 or mail to:

Children's Home Society of California
Attention: Development Department
1300 West 4th Street
Los Angeles, CA 90017

If you have any questions, please contact CHS's Development Department at (213) 240-5900. We greatly appreciate your generosity and support. Thank you!

Donor Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

- My check made payable to Children's Home Society of California is enclosed
- I authorize CHS to charge my Visa/Mastercard (circle one)

Account #: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

My gift is (optional):

- In memory of*: _____
- In honor of*: _____
- A Holiday Greeting for*: _____

From*: _____

* Please note that this information will be included in CHS's Annual Report as written

Please send an Acknowledgement Card to (gift amount will not be shared):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Brief message to be included in the Remembrance Card (optional): _____

**CHS IS A NONPROFIT 501(C)3 ORGANIZATION,
AND CONTRIBUTIONS ARE TAX DEDUCTIBLE UNDER FEDERAL AND STATE LAW.**