



**DONATION INFORMATION: Please PRINT clearly and fill out completely.**

**Donation Amount:**

\_\_\$100 \_\_\$250 \_\_\$500 \_\_\$750 \_\_\$1,000 \_\_Other Amount: \$\_\_\_\_\_

One-Time Gift       Monthly gift

First Name\*: \_\_\_\_\_ Last Name\*: \_\_\_\_\_

Address\*: \_\_\_\_\_ Apt: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Yes, I would like to receive email from Covenant House International

**Payment Information:**

I have enclosed a check payable to Covenant House     My credit card information is below

Please circle one:      MasterCard    Visa    American Express    Discover

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Tribute Information:**

This gift is in  honor,  memory of,  In lieu of a Christmas/Holiday gift

Please send acknowledgment to:

Name: \_\_\_\_\_

Address\*: \_\_\_\_\_ Apt: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_

Please mail your gift with this completed form to:

Covenant House  
PO Box 758636  
Topeka KS 66675-9986