

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

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

One Time Gift

Make a monthly gift and join our Sheltering Circle.

Your monthly gift via credit card provides steady support to help homeless kids rebuild their lives.

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 or  memory of: \_\_\_\_\_

This gift is 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 Gift Processing  
PO Box 1861-TV  
Merrifield, VA 22116-8061