PLAN for the Children
Humanitarian Aid

Donor Information (please print or type)

Name	
Address	
City	
State	
Zip Code	
Telephone (home)	
Telephone (business)	
Email	

$ _____ to be paid:

____ One Time ____ Monthly ____Quarterly ____Yearly.

Acknowledgement Information:

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

Signature (s)

_____

Date _____

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

Plan for The Children
1835 NE 19th St.
McMinnville, OR 97128

For a Specific Project? _____

Additional Message?

_____

_____