



FOSTER FRIENDS OF NORTH CAROLINA Sunshine Donation Form

Please accept my tax deductible donation in honor of the children in my life.

Name: _____

Address: _____

City/State/Zip: _____

My gift is in HONOR / MEMORY of:

Daytime Phone Number: _____ Email: _____

Company Name (if applicable): _____

Please Select Gift Amount

\$250 _____ \$150 _____ \$100 _____ \$75 _____ \$50 _____ \$25 _____ Other: _____

Payment Type

Check Enclosed: _____ Charge My Card: \$ _____
(Make Payable to Foster Friends of NC)

Card Type: Visa _____ Mastercard _____ American Express _____

Account Number: _____

Expiration Date: _____ Name on Card: _____

Signature: _____ Date _____
(required if credit card payment)

YES, please list me in your 2005-2010 Annual Donor Report _____ No, please do not include my name _____

Please send me more information on the following:
_____ Volunteering _____ Mentoring Foster Youth _____ Helping with the Holiday Toy Drive _____ 2011 UnitedHealthcare
NC MARATHON

Thank You for Your Support of Children Experiencing Foster Care!
EIN 65-1253675

