



Foster Friends OF NORTH CAROLINA

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

Name: _____

Address: _____

City/State/Zip: _____

Names of Children I Would Like to Honor:

Daytime Phone Number: _____ **Email:** _____

Company Name (if applicable): _____

Please Select Gift Amount:

\$50 _____ \$100 _____ \$250 _____ \$500 _____

Other Amount \$ _____

Payment Type:

Check Enclosed: _____ *(Make Payable to Foster Friends of NC)*

Charge My Card: \$ _____

Card Type: Visa _____ Mastercard _____ American Express _____

Card Number: _____ **Expiration:** _____

*Thank you for Your Support of Children Experiencing Foster Care
Foster Friends of North Carolina
EIN 65-1253675*