



## YES, I WOULD LIKE TO SUPPORT OUR CHILDREN'S TRUST!

To make a donation, please print out and complete this form and mail to the address below.

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

Address: \_\_\_\_\_

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

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

### Enclosed is my tax-deductible contribution of:

\$35     \$50     \$75     \$100     \$250     \$1,000

Other: \$ \_\_\_\_\_     Check this box to give monthly

I would like to pay by:     Check (please enclose)

VISA     MasterCard     Discover     AMEX

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

Please make checks payable to Our Childrens Trust and mail your completed form to:

**Our Children's Trust**  
P.O. Box 5181  
Eugene, OR 97405

If you have any questions, please contact us at  
541-375-0158 or [development@ourchildrenstrust.org](mailto:development@ourchildrenstrust.org)  
*Please note that Our Children's Trust does not accept faxed donations.*