



## Mail-In Donation

**Your gift to Tomorrows Children's Fund will make a difference—both now and in the future.**

Please print this form, complete the following information, and mail with your donation to the address listed below.

**Donor:**     Mr.     Ms.     Mrs.     Mr. & Mrs.     Miss     Dr.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone (    ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Amount of Donation: \_\_\_\_\_

*All gifts are appreciated, but our overhead costs are increasing. If you wish a mailed response, please make your gift a minimum of \$10 for each acknowledgment or notification name requested. .*

This gift is in memory of: \_\_\_\_\_ (Name of deceased)

Please notify: Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Relationship to deceased \_\_\_\_\_

or

This gift is in honor of a special person:

Name of honoree \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Matching Gift:**

Please inform me if  my company or  my spouse's company has a matching gift program.

Company \_\_\_\_\_

**Tomorrows Children's Fund**  
30 Prospect Avenue  
Hackensack, New Jersey 07601  
Phone: (201) 996-5500  
Fax (201) 488-1444

*Gifts to Tomorrows Children's Fund are tax deductible to the extent allowed by law.*