



HORIZONS FOR HOMELESS CHILDREN

YES! I want to support Horizons for Homeless Children!

First Name _____	Middle Initial _____	Last Name _____
Title (Mr./Miss/Mrs./Ms.) _____	Street _____	
City _____	State _____	Zip _____
Home Phone _____	E-mail _____	

How did you hear about us? (Please check all that apply and specify name/location, if possible)

- | | |
|---|---|
| <input type="checkbox"/> Radio _____ | <input type="checkbox"/> Website _____ |
| <input type="checkbox"/> Television _____ | <input type="checkbox"/> Horizons for Homeless Children Mailing |
| <input type="checkbox"/> Newspaper _____ | <input type="checkbox"/> Brochure |
| <input type="checkbox"/> Billboard _____ | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Event _____ | _____ |
| <input type="checkbox"/> Ad on subway _____ | |

Gift Designation (optional):

This donation is being made in honor/memory of _____
on the occasion of their _____

Please send notification to _____
at the following address: _____

Payment Information

Amount of your donation \$ _____	Check/Credit Card? _____
Credit Card Number _____	Expiration Date _____

(Amex/MasterCard/Visa)

Please check all that apply:

- Yes, I would like to receive program and event news by e-mail
- I would like my name to be listed in Horizons for Homeless Children's donor listings as follows:

- Please omit my name from any published listings.

Thank you for your donation. Your gift will make a difference in the lives of the homeless children we serve.