



## *Memorial and Honor Gifts Form*

National Christ Child Society

4340 East West Hwy, Suite 202

Bethesda, MD 20814

Donation amount \$ \_\_\_\_\_

### **Donating by Check:**

Please make your check payable to: National Christ Child Society

Please mail your check to the address above.

### **If donating by Credit Card, please provide us with the following information:**

Circle your type of Credit Card:

VISA    Master Card    Discover

Credit Card Number \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on the Card: \_\_\_\_\_

### **Please provide the following information in full:**

Circle Your Preferred Title: Ms Mrs Mr Dr None other \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_ Email \_\_\_\_\_  I do not want to receive email updates

Daytime Phone: \_\_\_\_\_ Evening Phone \_\_\_\_\_

### **Please provide us with the Gift Card Information**

Circle One: **In Memory of**    **In Honor of**    **Other** \_\_\_\_\_

Title: \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

(If the memorial is for a deceased CCS member please check )

### **\* I would like an acknowledgement card mailed to:**

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**How would you like the card to be signed?** (Please limit this to 40 characters)

\_\_\_\_\_

### **\* I would like a second acknowledgement card mailed to:**

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**How would you like the 2nd card to be signed?** (Please limit this to 40 characters)

\_\_\_\_\_