



Contact Information *(Fields marked with an \* are required)*

\*Email Address

\*Name

\*Address

\*City  \*State  \*Postal Code

\*Country  Telephone (  )

Contribution Information

I / we would like to make a:

One Time Donation

\$50

\$75

\$100

\$250

Other amount: \$

Recurring Donation  
in the amount of \$  each

Payment Information

Check made payable to ADVOKIDS  
Mail check with this form to: Advokids  
5643 Paradise Dr., Suite 12-B  
Corte Madera, CA 94925

Credit Card

\*Credit Card Number

\*Expiration Date  /

\*Card Type  Visa  MasterCard  AMEX  Discover

\*CSC (Card Security Code) (The 3 or 4 digit number printed on your credit card)

\*Cardholder's Name

*Billing Address Verification Information*

\*Street Address / P.O. Box Number   
(Must match billing address on file with credit card issuer)

\*ZIP Code (Must match billing ZIP code on file with card issuer)

Gift Type

Please select the type of donation

General donation: Support Advokids as designated above.

Memorial Gift: In memory of:

Honor Gift: In honor  
or commemoration of: