



Mail-In Donation Form

DONATION INFORMATION : Please PRINT clearly and fill out completely.

Donation Amount: __\$100 __\$250 __\$500 __\$750 __\$1,000 __Other Amount: \$_____

One Time Gift

Make a monthly gift and join our Sheltering Circle.

Your monthly gift via credit card provides steady support to help homeless kids rebuild their lives.

First Name*: _____ Last Name*: _____

Address*: _____ Apt: _____

City*: _____ State*: _____ Zip*: _____

Phone Number: _____ Email: _____

Yes, I would like to receive email from Covenant House International

Payment Information

I have enclosed a check payable to Covenant House My credit card information is below

Please circle one: MasterCard Visa American Express Discover

Credit Card Number: _____ Exp. Date: _____

Signature: _____

Tribute Information

This gift is in honor or memory of: _____

This gift is in lieu of a Christmas/Holiday gift

Please send acknowledgment to:

Name: _____

Address*: _____ Apt: _____

City*: _____ State*: _____ Zip*: _____ Country: _____

Email: _____

Please mail your gift with this completed form to:

Covenant House
Times Square Station, P.O. Box 731
New York, NY 10108-0900