



HORIZONS FOR HOMELESS CHILDREN

YES! I want to support Horizons for Homeless Children!

First Name: _____ Middle Initial: _____ Last Name: _____
 Title (Mr. /Ms.): _____ Street: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-mail: _____
Home/ Business /Mobile (please circle)

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

- Radio (Which station?) _____
- Website (What site?) _____
- Television (Which station?) _____
- Horizons for Homeless Children Mailing
- Newspaper (Which one?) _____
- Flyer/Brochure (Where?) _____
- Billboard (Where?) _____
- Word of Mouth _____
- Event (Which Event?) _____
- Other (Please specify) _____
- Ad on T (Which line?) _____

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 enclosed? (Please make check payable to Horizons for Homeless Children)
 Credit Card Number: _____ Expiration Date: _____
(Amex/MasterCard/Visa/Discover)
 Signature: _____ Billing Zip Code: _____

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 list me as “Anonymous” in Horizons for Homeless Children’s donor listings

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