

Please fill out and mail in.  
Thank you.

**MISSION TO CHILDREN**

Please print and complete this form and mail it along with your donation to:

**Mission To Children  
P.O. Box 2217  
Escondido, CA 92033-2217**

Be sure to enclose your check or credit card information. Thank you.

**Donor Information (Required)**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_



*A higher standard.  
A higher purpose.*

**Donation Options (One Required)**

1. Enclosed is my check for \$ \_\_\_\_\_ to use as needed. Please make check payable to Mission To Children.
2. Please charge my credit/debit card below for \$ \_\_\_\_\_ to use as needed.

(Circle one) Visa / Master Card / American Express / Discover

Card no: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**Frequency of Donation (Required)**

I would like this donation to be charged to my card: One-Time\_\_ Monthly \_\_ Quarterly\_\_.

To help us, please write how you found out about Mission To Children, Inc:

\_\_\_\_\_

All gifts are tax-deductible to the extent allowable by law. When designated needs are fulfilled, MTC reserves the right to allocate the gift where most needed.

For more information, call toll-free 877-766-2400.