



I'd like to become a Guardian Parent!

Enclosed please find my first gift of:

___ \$10 ___ \$25 ___ \$50 ___ \$100 ___ \$150 ___ \$250 Other: \$ _____

I pledge to make my future Guardian Parent gifts:

___ Monthly ___ Quarterly ___ Annually

Donor Information:

Miss/Ms./Mrs./Mr. _____

Address: _____

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

Phone: () _____ **Email:** _____

Church Affiliation: _____

___ **I would like my Guardian Parent pledges to pay tribute to a special person.**

My Guardian Parent giving is in honor of / in memory of: _____

Occasion: ___ Birthday ___ Anniversary ___ Thank You ___ Memorial ___ Other: _____

Note: Upon receipt of an honor or memorial gift, an appropriate letter is sent to the individual being honored or their bereaved family. The letter includes the name of the person(s) making the gift, but not the amount.

Please notify the following person(s) of this gift: _____

Address: _____

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

Please print out and mail this form to:

Cunningham Children's Home
P.O. Box 878
Urbana, IL 61803-0878

Thank you for your support!