

*Please honor my mother, father
or other special person in my life,
acknowledging this donation in their honor.*

Name of Woman Being Honored _____

Name of Man Being Honored _____

Their Street Address _____

City _____ *State* _____ *Zip* _____

Enclosed is a tax-deductible donation to Help One Child:

\$100 \$50 \$25 Other \$ _____

Please send a donation receipt to my address at:

Your name(s) (as you wish it to appear on the card):

Your Street Address _____

City _____ *State* _____ *Zip* _____

*On behalf of all foster and adopted children,
thank you for your support.*

*Please Send to:
Help One Child • 858 University Ave. • Los Altos, CA 94024*