



# HELP ONE CHILD TURNS *Sweet*



## Enclosed is

- My tax-deductible donation to Help One Child:

\$1,000     \$500     \$250     Other \$ \_\_\_\_\_

## Or

- My pledge to donate

\$ \_\_\_\_\_ /month for \_\_\_\_\_ months.

Please apply my gift to: \_\_\_\_\_

Please send a donation receipt to my address at:

Your name(s) : \_\_\_\_\_

Address \_\_\_\_\_

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

Please return this form along with your donation to:

**Help One Child**

858 University Avenue, Los Altos, 94024

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