



Contribution Form

Yes, I would like to support the World Children's Center with a gift of \$ _____. Enclosed is my check or credit card information.

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip/Post Code: _____

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Telephone: _____

E-mail Address: _____

Credit Card Information

Name on card: _____

Type of credit card: _____

Credit card number: _____

Expiration Date: _____

Comments or questions:

6400 Highlands Parkway, Suite D, Smyrna, Georgia 30082
(770) 432-4660 Fax (770) 432-1211 1-800-32-WORLD
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