



DONOR FORM

Adoption Alumni Fund

Leave a Legacy – “The Jo-Jo Fund”

Donor Name: _____

Tel: _____ Fax: _____ Email: _____

Street Address: _____

City/State/Zip: _____

Please accept my/our gift as follows:

I'd like to make a donation of \$ _____

Please make check payable to Child and Family Services of NH or pay by VISA/MC/Disc

Visa/MC/Disc #: _____

Exp: _____ 3-digit security code #: _____

Name on card: _____

Authorized signature: _____

Additional information

- I wish to receive future email correspondence
- I prefer to make my donations anonymously
- This donation is on behalf of a company _____
- This donation is memory of _____

How did you hear about this site?

- From a friend
- Received Friend of Camp Spaulding appeal
- Former staff member
- Alumni
- Interested in receiving information about alumni get togethers?