



Donation Form

Family Focus

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

My donation is in honor in memory of: _____

Donation Details

Donation Total \$ _____ made on (date): _____

Method of Payment

Yes, I would like to pay the balance in full:

- Enclosed is a check made payable to Family Focus for the full balance.
- Please charge my credit card: ___ Visa ___ MasterCard

I would like to arrange a payment schedule to complete my donation:

- I have enclosed a check for partial payment and will make the remaining payments on the schedule listed below.
- Please charge my credit card on the payment dates listed below.

Card number	Expiration date	3 digit security
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Name of card holder exactly as it appears on card	Signature of card holder
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Payment Schedule

I will complete my pledge by making payments according to the following schedule:

Payment Date: _____ Amount: _____

Payment Date: _____ Amount: _____

Payment Date: _____ Amount: _____

Signed: _____ Date: _____

Please Mail To:

Stephanie Katz
Development Associate
Family Focus, Inc.
310 South Peoria, Suite 301
Chicago, IL 60607