PLEASE ACCEPT MY / OUR GIFT:

❑ $25 ❑ $50 ❑ $75 ❑ $100 ❑ $500 ❑ Other: _____

❑ Automatic Withdrawal [NCHSF WILL SEND YOU MORE INFO]

❑ My employer will match my donation*

YOUR NAME

YOUR AREA CODE / PHONE NUMBER

YOUR E-MAIL ADDRESS

YOUR STREET ADDRESS

YOUR CITY

YOUR STATE

YOUR ZIP CODE

* IF EMPLOYER IS MATCHING DONATION, COMPANY NAME

❑ **I do <u>not</u> wish to have my gift acknowledged in any publications.**

When paying by CREDIT CARD, please complete the following:

❑ VISA ❑ MASTERCARD

❑ AMERICAN EXPRESS

CARD NUMBER

EXP. DATE

NAME AS IT APPEARS ON CARD [PLEASE PRINT]

SIGNATURE [REQUIRED]

HONOR / MEMORIAL:

This gift is given in honor / memory of the following person.
We will notify them / their family if you provide the following:

❑ **In Honor of** ❑ **In Memory of** _____

NAME OF PERSON / PEOPLE TO BE HONORED OR REMEMBERED

Person / People we should acknowledge your gift to: _____

THEIR STREET ADDRESS

THEIR CITY

THEIR STATE

THEIR ZIP

Your relationship to above-named person: _____

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TELL US YOUR STORY:

We would like to hear your personal story about how you and your family have been touched by NEBRASKA CHILDREN'S HOME. Won't you share it with us in the space provided below?

_____

_____

_____

_____

nebraska children's home SOCIETY FOUNDATION

4939 South 118th Street • Omaha, NE 68137 • *phone:* (402) 451-0787 • *fax:* (402) 898-7755 • **www.nchsfoundation.org**

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