



THE COALITION FOR ASIAN AMERICAN CHILDREN AND FAMILIES

Support Asian Pacific American children and families!

YES, I would like to support the Coalition for Asian American Children and Families (CACF) and improve the lives of Asian Pacific American children:

Enclosed is my tax-deductible contribution of:

- | | | |
|--|--|---|
| <input type="checkbox"/> \$500 per month | <input type="checkbox"/> \$250 per month | <input type="checkbox"/> \$100 per month |
| <input type="checkbox"/> \$50 per month | <input type="checkbox"/> \$25 per month | _____ Other Amount
(circle whether amount is
one time or recurring) |

Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

E-mail address _____

For Recurring Donors

I (we) hereby authorize the Coalition for Asian American Children and Families (CACF), hereinafter called RECIPIENT, to initialize debit entries to my (our) checking account indicated below and the bank named below, hereinafter called DEPOSITORY, to debit the same to such account.

Recipient Name: The Coalition for Asian American Children and Families (CACF) Tax ID Number: 13-3682471

Bank Name (DEPOSITORY) _____ Bank Account # _____

Bank Routing Number _____

This Authority is to remain in full force until RECIPIENT has received written notification from me of its termination in such a manner as to afford RECIPIENT and DEPOSITORY a reasonable opportunity to act on it.

NAME _____ SIGNATURE _____ DATE _____

NAME _____ SIGNATURE _____ DATE _____
(in case of a joint account)

Please send a Voided Check and the Completed Form to the address listed below.