



*Making a Difference, One Child, One Family at a time with your generous support!*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Tel (day): \_\_\_\_\_ / \_\_\_\_\_

Tel (eve): \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_

Please sign me up to receive monthly STARFISH newsletters.

*Please write any address changes above.*

**Donation Level:**

Enclosed is my donation of:

\$250     \$50

\$500     \$35

\$100     \$\_\_\_\_\_

This is a (birthday, memorial) \_\_\_\_\_ gift in honor of \_\_\_\_\_

Please send acknowledgement to: Name \_\_\_\_\_  
Street/City/State/Zip \_\_\_\_\_

**Monthly Pledge:**

I wish to make a monthly pledge- please bill my credit card (see below) - in the amount of:

\$100     \$10

\$50     \$\_\_\_\_\_

\$25

**Payment Information:**

I have enclosed a check made out to "STARFISH Advocacy Assoc."

Please charge my credit card: American Express    MasterCard    VISA    (circle one)

Name: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Card number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ card verification number \_\_\_\_\_

Signature: \_\_\_\_\_

Please fax or mail to: **STARFISH Advocacy Association** Fax: 216/283-5019

Mailing address: 17629 Scottsdale Blvd. Shaker Hts., OH 44122 Tel: 216/283-2377

Contributions may also be made from our Web site: [www.starfishadvocacy.org](http://www.starfishadvocacy.org)