

Any gift helps.

\$369.60/year or \$30.80/month
sponsors one child for one year.

Your Name _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone () _____

My/Our contribution is \$ _____

Dakota Medical Foundation will match donations of \$50.00 to \$2500.00.

**Please make checks payable to:
North Dakota Caring Foundation**

All checks should be mailed to:

Caring for Children 4510 13th Avenue S. Fargo, ND 58121

29307441 (0641) 12-08

Information (Check boxes that apply)

Gifts in Honor / Memory:

My gift is in honor of memory of

Name _____

Please send acknowledgment to:

Name _____

Address _____

City _____ State _____ Zip _____

I know children who may be eligible for **Caring for Children**.
Please send me an enrollment information.

The North Dakota Caring Foundation is a tax exempt organization qualified under the Internal Revenue Code, section 501(c)(3). Contributions are tax deductible to the extent permitted by law.

Thank you for caring!

