



DONATION FORM

Please fill out the portion of the form applicable to the method of payment you are using.

Credit or Debit Card

Name as on Card: _____

Billing Address for this Account: _____

Address Line 1: _____

Address Line 2: _____

City and State: _____

Zip Code (if USA) or Mailing Code and Country: _____

Phone Number (in case of problem): _____

Account Number: _____

Expiration Date (xx/yy): _____

3 Digit Security Code on Back of Card: _____

For American Express Only, 4 Digit Code on Front of Card: _____

Mail or Fax Completed Form To:

Struggling Kids
227 Sandy Springs Place
Suite D-135
Atlanta, GA 30328-3843

Fax: 770-953-1223

Please Note: Transactions are processed by Paypal who maintains the security of your information. Please click this link for their Privacy Information.

http://www.paypal.com/cgi-bin/webscr?cmd=p/gen/ua/policy_privacy-outside





ELECTRONIC CHECK FORM BANK ACCUONT

Name on Account: _____

Address on Account:

Address Line 1: _____

Address Line 2: _____

City and State: _____

Zip Code (if USA) or Mailing Code and Country: _____

Phone Number (in case of problem): _____

Account Number: _____

Bank Routing Number (9 digit number; usually in left lower corner of check):

Amount Of Donation: _____

Check Number: _____

PLEASE NOTE: Submission of this information serves as your consent and permission for Paypal to debit your bank account for the amount you indicated.

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