

Donation Submission Form

Pasadena, CA 91185-4373

Please complete all fields below and return this form to Children's Hunger Fund along with your check.

rch Name					
et Address					
					State Zip Code
rch Email					
rch Phone		Pastor Name			
a of Nama					
act Name					
ract Email Ada					
act Phone					
Check One	Amount	Category	Benefits	1	
	\$100 - \$499	Incredible Investor	Certificate of apprecia	ation + your group	listed on
	φιου φισσ				
One	\$500 - \$999	Fantastic Fundraiser	Certificate of apprecia CHF's website + oppor social media channels	tunity to be feature	
			CHF's website + oppor	tunity to be feature tion + your group li to be featured on Cl	ed on CHF's sted on CHF's HF's social