



ALL NATIONS

Vulnerable Children Project

Name: _____

Address: _____

City/State/Zip _____

Phone: _____

Email: _____

This is for the Child Headed Household Project

Specific child you are supporting:

I would like to start monthly support of \$40 \$80

This is a one time gift of \$ _____

For the purpose of: _____

Payment: Check Paypal Auto-withdrawal

Signature _____ Date _____

Please send me an e-mail confirming Receipt of this form.

All Nations Family, Inc is a non-profit, 501(c) 3 organization. Your contributions are tax-deductible. You will receive an annual statement of contributions for your records.

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Please mail this form to:

**All Nations Family
c/o Walsh Washburn
5360 College Blvd, Suite 100
Overland Park, KS 66211**

And send an e-mail indicating which child, donation amount and start date to:
vulnerablechildren@gmail.com

Please make your payments by the 3rd of the month.

Thank you for you generous donation!

If you have any questions regarding your donation please call Mark Smith at 913-451-0960
mark@walshwashburn.com

For more info on your child, and to **donate online** go to:
www.vulnerablechildrensa.com



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Name: _____

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