



Child of the Month Mail-In Donations Form

1. Please print out this form
2. Complete all the information below and mail this form along with your donation
3. Make checks payable to: **International Christian Aid**
4. Mail donations to: **International Christian Aid, P.O. Box 395, Jerome, PA 15937-0395**

Your First Name: _____

Your Last Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____

State or Province: _____

Country: _____

Zip Code: _____

Phone Number: _____

Name of Child you are sending a donation for: _____

What Month and Year is he or she the Child of the Month of: _____

Amount Enclosed: \$ _____

Thank you for choosing to send in a donation for the Child of the Month. Your donation will provide fresh water, food, clothing, and other critical areas of this child's life!

You have made a difference! Thank you!

***John and Arbutus Blough
International Christian Aid
InterAid, Inc.
www.interaid-inc.org
1-888-643-7555***