



until every child reads

DONATION FORM

CONTACT/BILLING INFORMATION

FIRST NAME	LAST NAME
STREET ADDRESS	EMAIL
CITY, STATE, ZIP	PHONE

DONATION INFORMATION

Please accept my donation of: \$ _____

I wish to make my contribution **monthly** in the amount of: \$ _____

Check: Please make checks payable to **Reading Is Fundamental**.

Credit Card: Visa Master Card Discover American Express

CARD NUMBER	
CCV	EXP. DATE
SIGNATURE	

PLEASE SEND TO:
Reading Is Fundamental
P.O. Box 96897
Washington, DC 20077-7575

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