



Become a Friend of Kids' Chance TODAY!

\_\_\_\_\_ YES! I would like to make a minimum contribution of \$100.00 and become a Friend of Kids' Chance.

Enclosed is my check in the amount of \$\_\_\_\_\_. By making this contribution, I also give permission to Kids' Chance of South Carolina, Inc. to include my name and/or logo on their website and/or other media material for advertising purposes.

**CREDIT CARD PAYMENT**

Account Type:  Visa       MasterCard       Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3 digit number on back of Visa/MC) \_\_\_\_\_

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_