

## Covenant House: Check Donation Form

### Participant Information:

Participant Name: The Empowering Families To Thrive Initiative Participant ID: 3830
Team Name: Team ID:
Event Name: Create Your Campaign Event ID: 501

**Please indicate your donation amount below:**

\$500     \$100     \$50     \$35     \$25     \$10     Other Amount

**Please make your check payable to:** Covenant House International

**Remember to put the Participant's Name in the memo section of your check.**

### Donor Information (Please fill in your information below):

Name:		
Address:		
City:	State/Province:	Zip/Postal Code:
Email Address:	Phone Number:	

**How would you like your name to be displayed?**

Check here if you wish to remain anonymous

Please mail in this complete form, along with your check or cash, to your local Covenant House Office at the address below and notify the participant that you are making a donation on their behalf.

Please make your check payable to: Covenant House International

**Thank You for Your Donation!**

Covenant House International  
461 Eighth Avenue  
New York, New York 10001