

METHOD OF PAYMENT (check the appropriate boxes)

Check or Money Order (payable to the Florida United Methodist Children's Home)

Please charge my: Visa MasterCard AMEX

Card# _____

CCV# _____ Exp ___ / ___

Amount \$ _____

Name on card _____

Signature (required) _____

Phone # _____

Church to receive credit:

I wish to give this gift and all future gifts anonymously.

I do not want my name to appear in any publications

In Honor Of: In Memory Of:

Name _____

Please Acknowledge _____

Relationship Of Acknowledgee

Address _____

City _____ State _____ Zip _____

Gift Of \$ _____

To donate online please visit

www.allchildrenfirst.org

and click on the red donate now button



Scan me with your
smart phone

My Easter Gift for 2015

YES, I will share an Easter blessing with the children at the Florida United Methodist Children's Home!

Here's my generous Easter gift to help provide food, comfort and care,

This gift is to continue providing love, care, and spiritual guidance to more children in 2015:

Addressee
Address
Address 2
City, State Zip
ID Number/ Package Code

_____ Last Gift
_____ Last Gift x 1.5
_____ Last Gift x 2
_____ \$_____ to help as many children as possible
(Suggested amounts are based on your last gift)