



# Yes! I will be a Guardian Angel.

Yes, I want to become a “Guardian Angel” for the children, by participating in your automatic donation program.

Please mail in this completed form to our business office:

**World Villages for Children**  
**180 Admiral Cochrane Drive, Suite 240**  
**Annapolis, MD 21401**



I would like the sum of \$\_\_\_\_\_ given to **World Villages for Children** each month.

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

*I understand my first gift will be processed on/about the 15th of each and every month following receipt of this form in our office until I notify you of any change.*

### Choose one:

Please debit my checking account. I've enclosed a voided, unsigned check to be used in processing this request.

### OR

Please charge my:  Visa  MasterCard  AMEX  Discover

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I confirm that you are free to use my gift for any and all works of World Villages for Children.*



## World Villages for Children

*Helping children break free from a life of poverty*

P.O. Box 97000, Washington, DC 20090-7000

(Contributions are tax deductible)

