

Million Dollar Match Challenge Donation Form

Yes, I will help with the matching challenge to give a child a jump start.

Please return by March 31st, 2006 to have your donation matched.

Levels of Support: \$100 \$500 \$1000 Other Amount: _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

My/Our tax-deductible gift to the Best Friends Foundation is \$ _____

Check enclosed – please make check payable to **Best Friends Foundation.**

Please charge my credit card. VISA MasterCard American Express

Card Number _____ Exp. Date _____

Name on Card _____

Signature _____

I am interested in donating appreciated securities. Please call me at _____.

My gift is in honor of in memory of _____.

Send acknowledgement to:

Name _____

Address _____

City _____ State _____ Zip _____

Please mail to:

Best Friends Foundation
Million Dollar Match Challenge
5335 Wisconsin Ave. NW, Suite 440
Washington, DC 20015-2052



**Thank you,
The Best Friends Foundation**

www.bestfriendsfoundation.org
Phone: (202) 478-9677