



YES, I WANT TO HELP BOUNCEBACK KIDS PRVOIDE CHILDREN WITH
SERIOUS MEDICAL CONDITIONS SOME SERIOUS FUN AND SUPPORT!

I would like to make a gift of:

\$25 \$50 \$100 \$250 \$500 surprise us! \$ _____

Payment Method:

Check (please make payable to BounceBack Kids)
 Master Card Visa

Card number

Expiration Date

Signature

My gift is:

in honor of _____

in memory of _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred email address: _____ Preferred phone number: _____

*Your gift is tax-deductible to the fullest extent allowed by law. Please make all gifts to **BounceBack Kids**.*

Does your employer match donations? YES/NO Please enclose a signed Matching Donation Form from your employer if applicable.

I would like my contribution to be anonymous. I would like to volunteer my time, resources or ideas to BounceBack Kids.

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