

Please complete the following form and include it with your donation: All checks can be made payable to Adoption Services, Inc.

I would like a receipt of donation:  Yes  No

**If Yes:**

Name(s) \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

I would like to remain anonymous:  Yes  No

I would like my donation to be used non-specifically but within the:

International Program  Domestic Program  Birth Parents

Or..

I would like my donation to be specifically used to: \_\_\_\_\_

\_\_\_\_\_

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