

**Thank you for helping keep children safe and for your kind and generous contribution.**

- Print this form
- Fill out the requested information
- Enclose your check or credit card information
- Send it to: **Polly Klaas Foundation**

**PO Box 800  
Petaluma, CA 94953**

Please select your gift amount:

\$30  
 \$50  
 \$100  
 \$1,000  
 Other \$ \_\_\_\_\_

Please enter your contact information:

Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

**I would like to make my donation:**

In memory of: \_\_\_\_\_ In honor of: \_\_\_\_\_

**Please send acknowledgement to:** \_\_\_\_\_

I would like to pay by:  check (please enclose)  
 credit card

Card number: \_\_\_\_\_

Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

***A receipt will be mailed to you. If you have any questions, please call us at:  
800-587-4357.***

***Thank you,  
The Polly Klaas Foundation***