



Distressed Children & Infants International (DCI)

Donation Form

Name: _____

Date: ____/____/____

Address: _____

Email*: _____

Phone: (_____) _____ - _____

Gift Amount: \$ _____

Payment Method: Check / Money Order

Gift Purpose:

Sun Child Sponsorship Program

Child Sponsorship (\$180 per child)

Number of children: _____

Preschool Sponsorship

Other Gift

Health for the Underprivileged Program

Sponsor Maternal Care (\$200 per patient)

Number of patients: _____

Clinic Sponsorship

Blindness Prevention Program

Sponsor Eye Care (\$50 per patient)

Number of patients: _____

Orphan Support Program

Child Sponsorship (\$600 per child)

Number of children: _____

Orphanage Sponsorship

General

General Donation

Zakat Donation

Notes:

*A valid email address is required to receive donation acknowledgement & tax receipt
Mail form and gift to: Distressed Children & Infants International (DCI), 195 South Main St., Cheshire, CT 06410