



Distressed Children & Infants International (DCI)

Donation Form

Name: _____

Address: _____

Date: ____/____/____

Gift Amount: \$ _____

Email*: _____

Phone: (____) _____ - _____

Payment Method: Check / Money Order

Gift Purpose:

Sun Child Sponsorship Program

Child Sponsorship (\$180 per child/per year)

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: _____

Provide Glasses (\$25 per child)

Number of children: _____

Orphan Support Program

Child Sponsorship (\$1200 per child/per year)

Number of children: _____

Orphanage Sponsorship

Orphanage Development Fund

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), 50 Church Street, 5th Floor, Cambridge, MA 02138

Distressed Children & Infants International, 50 Church Street, 5th Floor, Harvard Square, Cambridge, MA 02138, USA
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