



Thank you for helping us make a difference in the lives of the children. Please complete the form below and mail it back to us at the following address:

**Responsibility, Inc.**  
**P.O. Box 433199,**  
**San Ysidro, California 92143**

**Donation Mail-in Form**  
**Memorial and Honor Gift**

NOTE: All fields marked with an asterisk (\*) are required.

**Donation Amount**

(All amounts are in U.S. dollars.)

\$25    \$50    \$75    \$100    \$200    Other Amount: \$\_\_\_\_\_ (specify amount)

Yes, automatically repeat this amount every month (credit card donations only)

Gift in memory of: \_\_\_\_\_  
(name of deceased)

Gift in honor of: \_\_\_\_\_  
(name of individual)

Send an acknowledgement email to:

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

How would you like the acknowledgement email to be signed?

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(name or names)

**Your Information**

Title:  Mr.  Mrs.  Ms.  Miss  Dr.

First Name:\* \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name:\* \_\_\_\_\_

Address Type:\*  Home  Work

Street Address 1:\* \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City:\* \_\_\_\_\_ State or Province:\* \_\_\_\_\_

Zip/Postal Code:\* \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Payment (Billing) Information**

We accept the following methods of payment:

Visa  Discover  MasterCard  American Express  Personal Check

If paying by credit card, please complete the information below:

Credit Card Number:\* \_\_\_\_\_

Card Verification Code:\* \_\_\_\_\_ Card Expiration Date:\* \_\_\_\_\_

**Thank you for supporting Responsibility!**