

DONATION TRANSMITTAL FORM

Enclose this form with your donation(s) to help us correctly acknowledge your generosity and support. Here's how:

1. Fill out this form **completely**. Visit trickortreatforunicef.org for additional copies of this form.
2. Use **one** form per school, group or individual. If using multiple forms, contact details on each form must be identical.
3. **Make checks/money orders payable to the U.S. Fund for UNICEF** and send this form and **all checks, money orders, and/or Coinstar® receipts** together to: **Trick-or-Treat for UNICEF, 125 Maiden Lane, New York, NY 10038.**
4. Make changes to contact information below. This is how your name will appear on your recognition certificate and will be sent to your contact's address.

- INDIVIDUAL:** I participated in the 2011 Trick-or-Treat for UNICEF Campaign as an INDIVIDUAL.
- SCHOOL OR GROUP:** We participated in the 2011 Trick-or-Treat for UNICEF Campaign as a SCHOOL OR GROUP.
- How many children under 18 years participated in your activities? (please provide number) _____
- Is this donation a result of a fundraising event or activity, such as a Halloween party, Fall Festival Celebration, bake sale, car wash, or other similar event?
- Yes**, and _____ people attended the event or activity. (please provide number of attendees)
- No**, we conducted our campaign through collecting coins using the Trick-or-Treat for UNICEF boxes.
- Other.** (Please describe) _____

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CONTACT DETAILS:

Official School/Group Name (no abbreviations) _____

Official School/Group Address: _____

Contact First/Last Name: _____

Contact Title: _____

Contact Address: _____

Phone: _____ Email: _____

DONATION DETAILS:

Check/Money Order Number: _____	Amount: \$ _____
Check/Money Order Number: _____	Amount: \$ _____
Check/Money Order Number: _____	Amount: \$ _____
Check/Money Order Number: _____	Amount: \$ _____
Check/Money Order Number: _____	Amount: \$ _____

Check/Money Order Subtotal: \$ _____

Coinstar® receipts(s) total (please send original receipts): \$ _____

TOTAL AMOUNT to be credited to this donation: \$ _____

- If you have additional donation details or special instructions, please check this box and use reverse side of this form.

- Enclosed is my check payable to the **U.S. Fund for UNICEF.**

I prefer to charge my gift to:

- MasterCard VISA Discover
 Diners Club American Express

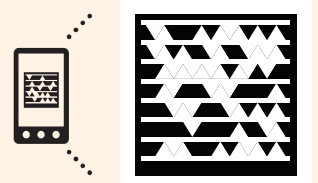
Card # _____

Exp. Date ____ / ____ Gift Amount \$ _____

Signature _____

- I'd like to know more about the Monthly Giving Program.
- Please sign me up to receive your FREE E-Newsletter. My e-mail address is: _____

Visit trickortreatforunicef.org
 to donate online or scan to donate



Get the free mobile app at
<http://gettag.mobi>

Please visit our website at trickortreatforunicef.org or call 1-800-FOR-KIDS if you have any questions.

Your donation to Trick-or-Treat for UNICEF is a contribution to the U.S. Fund for UNICEF. For more information, visit trickortreatforunicef.org.

From time to time we share donor and campaign information with National and Local Affiliate Organizations, and a list of top fundraising schools and groups is published annually on the Trick-or-Treat for UNICEF's website. If you would prefer that we do not include the name of your organization, please send us an email at trickortreatforunicef.org or call 1-800-FOR-KIDS.

DONATION DETAILS (CONTINUED):

Check/Money Order Number: _____	Amount: \$ _____
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Check/Money Order Number: _____	Amount: \$ _____
Check/Money Order Number: _____	Amount: \$ _____
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Check/Money Order Number: _____	Amount: \$ _____
Check/Money Order Number: _____	Amount: \$ _____

Please put check/money order subtotal on reverse side of this form.

NOTE ANY SPECIAL INSTRUCTIONS HERE: