

**Name**

**Agency or Business Affiliation**

**Address**

**City**

**State**

**Zip**

**E-mail**

**Home Telephone**

**Work Telephone**

**Fax**

**Check one:**

**New Membership /Donation**

**Renewal Donation/Membership**

**Donation (check)**

**\$5000**

**\$3000**

**\$2000**

**\$1000**

**\$500**

**\$250**

**\$100**

**\$50**

**\$25**

**Other \$ \_\_\_\_\_**

**Please make checks payable to NAPLES ALLIANCE FOR CHILDREN\*  
A 501-c-3 charitable organization.**

**Your contributions are tax deductible to the extent permitted by law.  
Naples Alliance for Children 660 9th St N, Suite 35D, Naples, FL 34102**

**PLEASE PUT ME ON YOUR MAILING/E-MAIL LIST TO RECEIVE NEWSLETTERS AND UPDATES.**