



# **RAINBOW FOUNDATION**

A CHARITY THAT BELONGS TO CHILDREN

Please fill out all required information, noted with an asterisk, then mail or fax this form to the Rainbow Foundation.

Mail Address: P.O. Box 545  
New Monmouth, NJ 07748

### **Donor Information**

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

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

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

Address 2\*: \_\_\_\_\_

City\*: \_\_\_\_\_

State\*: \_\_\_\_\_

Zip Code\*: \_\_\_\_\_

Country: \_\_\_\_\_

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

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

e-Mail Address: \_\_\_\_\_

**Please contact me via e-Mail with updates regarding Rainbow Foundation**

\*Required Information

