



**Donation Form** Complete this form and return it to Toybox USA Foundation

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**1. DONOR DETAILS**

Full Name (Mr./Mrs./Ms/Dr.) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

I would like my gift to remain anonymous

**2. DONATION DETAILS** Toybox USA Foundation will send you a receipt

\$ \_\_\_\_\_ USD

I enclose a check made payable to Toybox USA Foundation

**3. OPT-IN FOR FUTURE COMMUNICATIONS**

Would you like to be contacted via email?  Yes  No

Would you like to be contacted via mail?  Yes  No

Toybox USA Foundation, 155 East 44th Street, 6th Floor, Suite 34, New York NY 10017, USA

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