



**Ruth Lyons Children's Fund**  
P.O. Box 59, Cincinnati, OH 45201  
513-412-5007

## Check or Credit Card Contribution Form

☐ Please accept my check (made payable to **Ruth Lyons Children's Fund**)

☐ Please charge my contribution to: ☐ Visa ☐ MasterCard ☐ Amex

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name As It Appears On Card \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ (CVV): \_\_\_\_\_  
(Required For Processing)

Please accept my tax-deductible contribution of \$ \_\_\_\_\_

Name \_\_\_\_\_ /email: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ Please indicate in honor or memory of:

\_\_\_\_\_  
Address to send acknowledgement card:

Please print and mail to: **Ruth Lyons Children's Fund**  
**P.O. Box 59**  
**Cincinnati, OH 45201**