



Please mail this form and your donation to:  
**Aubrey Rose Foundation**  
4480 Oakville Drive  
Cincinnati, OH 45211

(PLEASE PRINT LEGIBLY)

Date: \_\_\_\_\_

Payable to the Aubrey Rose Foundation, I have enclosed a check in the amount of \$\_\_\_\_\_.

My Name Is: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone : (\_\_\_\_)\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**NATURE OF DONATION** (please choose one):

General Donation

Gift in memory of: \_\_\_\_\_

*Send acknowledgement card to:*

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name or Names signed on card: \_\_\_\_\_

Gift in honor of: \_\_\_\_\_

*Send acknowledgement card to:*


Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name or Names signed on card: \_\_\_\_\_

Every cent of every dollar raised goes directly towards helping to put smiles  
on the faces of many children and their families.

 *Thank you for your contribution* 