



**Pay By Check
To: FantasyKids.com**

Name: _____

Address: _____

City State, Zip: _____

Phone: _____ Fax: _____

Email: _____

COMPLETE AND SIGN

THIS FORM

ATTACHED CHECK

THEN FAX TO

(832) 202-0819

Check-by-fax payment for \$_____ is made to FantasyKids for donation.

Terms and Conditions: EFT direct debit allows your contribution to FantasyKids.com to be automatically deducted from your account and transferred to FantasyKids.com. This authorization to charge your account shall be the same as if you had personally signed a check to FantasyKids.com.

Authorization Signature (s)

Date

****ATTACH VOIDED CHECK HERE****