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Name _____

Address _____

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Telephone _____

Please bill my MasterCard Visa

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Signature _____ Amount _____

Enclosed is my check for _____.

**Please make checks payable to:
Children's Action Network/Tides Center**

**Please mail this form to:
Children's Action Network
10951 West Pico Boulevard, Suite 206
Los Angeles, CA 90064**

tax ID# 94-3213100