



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

**DONATION FORM**

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

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

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

Amount to be charged: \$ \_\_\_\_\_ Card No. \_\_\_\_\_

Check  Visa  MasterCard  American Express  Discover

Expiration Date: \_\_\_\_/\_\_\_\_ Name on Credit Card: \_\_\_\_\_ CVC #: \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_

.....



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

**DONATION FORM**

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\_\_\_\_\_

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Notes:

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\_\_\_\_\_