



DONATION FORM FOR SENDING YOUR GIFT BY MAIL

THANK YOU for partnering with us in our work. Please print this form, fill it out completely, and mail to:

**African American Self-Help Foundation
AASHF-Web
182 Farmers Lane, Suite 201
Santa Rosa CA 95402**

Amount of Gift: \$ _____

____ One-time gift. ____ Monthly gift. _____ Other.

Method of Payment:

____ Check or Money Order (Please make your check payable to *Children's Hunger Relief Fund*)

____ Credit Card Type: ____ VISA ____ MasterCard ____ AmEx ____ Discover

Authorized signature: _____

Credit Card Number: _____ Expiration Date: _____

Organization or Group (if applicable): _____

Personal Information:

Name: _____

Address: _____ City: _____

State: ____ Zip: _____ E-mail: _____

Donation Instructions:

Please use my gift for the following:

____ Where most needed ____ Children's Homes ____ Feeding Programs

Thank you! Your gift is tax deductible as allowed by law.

Immunization Programs
 Clean Water Projects
 Community Agriculture

Emergency Assistance Fund
 African American Single Mothers Program
 Other instructions or comments: _____

Disaster Relief
 Education

Thank you! Your gift is tax deductible as allowed by law.