

Providing a hand UP, not a hand out

# DONATION FORM

www.rippleafrica.org/usa



**Yes! I want to support RIPPLE Africa by making a donation**

## Donor Information

First Name:		Last Name:	
Address:			
City:		State:	
Zip Code:		Phone:	
E-mail:			
To donate to a specific project, please give the Project Name. If the project is over-subscribed, we will use your donation where it is most needed unless you indicate otherwise.			

I wish to make a <b>SINGLE</b> donation of:		Check / Debit Card / Credit Card
I wish to make a <b>MONTHLY</b> donation of: (must be minimum of \$10 per month / \$120 per year)		Debit Card / Credit Card

## Payment Details (for use of credit / debit cards)

Name on the Account:					
Billing Address:					
City:		State:		Zip Code:	
Credit / Debit Card Number:					
Expiration Date:		Security Code:	(3 digits on back of card)		
Amount \$:		Frequency: (circle response)	One-Time	Monthly	
Recurring Monthly Donation Start Date: (start date must be on 1 <sup>st</sup> or 15 <sup>th</sup> of the month)					

## Authorization (Please check appropriate box, sign and date)

- Please find enclosed check as my donation to RIPPLE Africa.
- I authorize RIPPLE Africa to charge my credit / debit card account for a one-time donation.
- I authorize RIPPLE Africa to charge my credit / debit card account on a regularly scheduled basis, beginning on the start date indicated above. I reserve the right to cancel at any time via written notification.

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

**Return to: RIPPLE Africa · 6979 74<sup>th</sup> Street Circle East · Bradenton, Florida · 34203**

Tax ID: 26-2059213 · E-mail: [contact@rippleafrica.org](mailto:contact@rippleafrica.org) · Website: [www.rippleafrica.org/usa/](http://www.rippleafrica.org/usa/)

**Thank you for your kind and generous support – it really means so much!**