

DONATION FORM



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

First Name:				Last Name:			
Address:							
City:			State:				
Zip Code:			Phone:				
E-mail:							
<p>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.</p>							

I wish to make a SINGLE donation of:		Check / Debit Card / Credit Card
I wish to make a MONTHLY 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 st or 15 th 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 74th Street Circle East · Bradenton, Florida · 34203
 Tax ID: 26-2059213 · E-mail: contact@rippleafrica.org · Website: www.rippleafrica.org/usa/

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