



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: <i>(must be minimum of \$10 per month / \$120 per year)</i>		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: <i>(3 digits on back of card)</i>		
Amount \$:			Frequency: <i>(circle response)</i>	One-Time	Monthly
Recurring Monthly Donation Start Date: <i>(start date must be on 1st or 15th of the month)</i>					

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

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