



Donation Form

Enclosed is my donation/gift of amount: \$ _____

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

The project I have choose to fund is #: _____

Project Name: _____

We value your privacy as dearly as our own. We will not share any of your personal information with ANY third party. If you agree for The Phamile Foundation, to publish your name, picture and testimonial on our website, your other personal information will be kept completely private.

I agree for The Phamile Foundation, to publish on their website:

My name: _____ YES _____ NO

My motivation testimonial _____ YES _____ NO

To publish my picture (we will contact you by email): _____ YES _____ NO

Please write your motivation (testimonial) as why you made a donation/gift below:

Signature: _____ Date: _____

Your contribution is fully fax-deductible.

Thank you very much

The Phamile Foundation

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