



DONATION FORM FOR MAKING A SPECIAL OCCASION GIFT

THANK YOU for choosing the work of African American Self-Help Foundation to mark the value of someone you care about. Please print this two-page form, fill it out completely, and FAX to (707) 525-1310 (credit card donations only), OR MAIL to:

Aid for Starving Children, ASC Web
2360 Professional Dr., Suite 201
Santa Rosa CA 95403

Amount of Gift: \$_____

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

Method of Payment:

___ Check or Money Order (Please make payable to Aid for Starving Children)

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

Authorized signature: _____

Credit Card Number: _____ Expiration Date: _____

Your Information: Name: _____

Tel: _____ Address: _____

City: _____

State: _____ Zip: _____ E-mail: _____

Gift Recipient Information:

Name: _____

Address: _____ City: _____

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

State: _____ Zip: _____ E-mail: _____

Donation Instructions:

Please use my gift for the following:

Where most needed Children's Homes Feeding Programs Education

Disaster Relief Clean Water Projects Emergency Assistance Fund

Other instructions or comments: _____

Gift Card Message:
