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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | | | |  | | | | | | |
| Last Name | | | |  | | | | | | |
| Address | | | |  | | | | | | |
| City/State/Zip | | | |  | | | | | | |
| Home Phone | | | |  | | | | Cell Phone |  | |
| Email | | | |  | | | | | | |
|  | | | | | | | | | | |
| Enclosed is my tax-deductible gift of | | | | | | | $ | | | |
| I would like my donation applied toward: | | | | | | | | | | |
| □ | | | To support our fight for immigration advocacy and human rights. | | | | | | | |
| □ | | | To feed a needy family in USA or Haiti. | | | | | | | |
| □ | | | To pay for the education of a child (Haiti). | | | | | | | |
| □ | | | To support a small Business startup. | | | | | | | |
| □ | | | To pay for a mammogram screening. | | | | | | | |
|  | | | | | | | | | |
| **Payment Type**  □ Check enclosed, made payable to “FANM”  □ Credit Card: Please pay with MC/VISA online at [www.fanm.org](http://www.fanm.org) | | | | | | | | | |
| Please make checks, corporate matches, and other donations payable to: | | | | | | | | | | |
|  | |  | | | | | | | | |
| Gift will be matched by: | | | | | |  | | | | |
| Organization Name | | | | |  | | | | | |
| Branding/Logo | | | |  | | | | | | |
| □ | Please keep my donation confidential | | | | | | | | | |

**AUTORIZATION & SIGNATURE**

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Authorized Signature Print Name Date

**Thank you for supporting FANM, Inc.**