

MONTHLY DONATION VIA CREDIT CARD



Your donation allows us to continue promoting a community-based development through our four programs: child nutrition, education, water security and food security.

Full Name: _____ Date of birth: _____
Name(s): Middle Name Last Name Day/Month/Year

Address: _____

State: _____ Zip Code: _____ Home Phone: _____ Cell Phone: _____ E-mail address: _____

Card Number:

Bank: _____ Valid Thru: _____
MM/YY

Monthly Donation	
\$ _____	10 US dollars _____ 100 US dollars
_____	20 US dollars
_____	50 US dollars Other amount _____

Receipt in the name of: Myself Other: _____

Your personal information will not be shared by anyone. Your signature authorizes us to charge your credit card monthly and to be in contact with you via email. If you have any questions, please e-mail: oficina.mexico@tarahumara.net

Signature