



## Donation Form

To make a donation to Native American Fatherhood and Families Association by mail, please print and complete this form and mail with your contribution to: 525 West Southern Avenue Suite #100 Mesa, AZ 85210

**Yes, I want to strengthen families with a gift to:**

<input type="checkbox"/> Area of Greatest Need	<input type="checkbox"/> International Association for Families
<input type="checkbox"/> Parent Resource Center	<input type="checkbox"/> Training Scholarships
<input type="checkbox"/> Event sponsorship	<input type="checkbox"/> Specific program: _____
_____ \$50 _____ \$100 _____ \$250 _____ \$500 _____ \$1000 _____ Other: \$ _____	

Name (Print as you would like to be listed) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

PLEASE CIRCLE ONE: You MAY/MAY NOT list my name in the Annual Report Donation

Donation Method: \_\_\_\_\_ Check \_\_\_\_\_ Visa / Mastercard / American Express / Discover Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_  
 Billing Zip Code \_\_\_\_\_  
 Signature \_\_\_\_\_

Pledge \$ \_\_\_\_\_ Payable: \_\_\_\_\_ monthly \_\_\_\_\_ quarterly \_\_\_\_\_ other \_\_\_\_\_

My company will match my gift. The name of my company is: \_\_\_\_\_  
 Please send me information about Planned Giving Options  
 This gift is in honor/memory (circle one) of: \_\_\_\_\_  
 Please Notify: (Name of individual) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contributions to Native American Fatherhood & Families Association are tax deductible to the full extent of the law.

**Thank you for your generous gift to strengthen families across our communities.**