



Mail-In Donation Form

Name: _____

Street Address: _____

City State/Province: _____

Postal Code: _____

Phone Number: _____

Email Address: _____

I am joining the:

- Sponsors Circle (\$1000 OR MORE)
- Benefactors Circle (\$500 OR MORE)
- Partners Circle (\$250 OR MORE)
- Supporters Circle (\$25 OR MORE)
- Friends Circle (\$5 OR MORE)

Please send me a tax receipt for this donation. (*Charitable Number: 26-0306197*)

I would like to keep my donation anonymous. Please do not list me in any publications.

I do NOT want to receive any communication material from WAF.

Please send your check to:

Walking with Africans Foundation
6925 Halyard Place
Burke, Virginia 22015

Thank you for your donation to Walking with Africans. Walking with Africans is a registered 501(c)(3) organization and your donation may be tax-deductible. Please consult your tax adviser for information.