



Website: yambaabaana.org
Email: yambaabaana@gmail.com

DONATION/SPONSORSHIP FORM

Name: _____

Address: _____

City: _____ State: _____ Country: _____ Zip code: _____

Phone: _____ E-mail: _____

(In order to keep administrative costs to a minimum, we prefer to communicate by email whenever possible)

I choose to donate \$_____ for the purpose of general fund/current critical need

-and/or-

I choose to pay ____ child sponsorship(s) of \$360 per year per student, on the following payment schedule (You may certainly choose to sponsor more than 1 child!):

- Annual lump sum payment of \$360/child, to be billed yearly
- Semi-annual payment of \$180/child, to be billed every six months
- Quarterly payment of \$90/child, to be billed every 3 months
- Monthly payment of \$30/child, prefer automatic payments in order to save billing costs

Please make check payable to: **Yamba Abaana**

This donation will be used for children's needs at the Rubanda Solidarity Nursery and Primary School, particularly orphans and HIV/AIDS victims under the Child Education Support Program.

I authorize the usage of my personal data only in connection with Yamba Abaana and the Rubanda Solidarity Development Association. My personal data is not to be sold or used or given to any other organization without further consent.

Signature: _____ Date: ____/____/____

Please send form and donation to:

**Yamba Abaana
c/o Theresa Hurtt, Treasurer
PO Box 880
Grants Pass, OR 97528**

Questions?

**Contact "Dr. Bruce" Murray
pbrucemurray@hotmail.com**

Thank you!

Yamba Abaana makes every effort to use funds per donor request. In some cases, funds may be re-allocated to meet critical needs as consistent with our exempt purpose. Donations to Yamba Abaana are tax deductible under IRC code 501(c)(3) status under Federal Tax ID 46-0578231. No goods or services were provided to donor in consideration of any donation.