

AfricanCulturalCenter

DonationForm

Name:_____

Address:_____

City:_____ State:_____ Zip :_____

Phone:()_____

Email:_____

Iprefermygifttoremainanonymous:yes_____ no_____

PaymentOptions:

A. Iamenclosingacheckfor\$ _____

B. Iwouldliketopaybycredit card:

CreditCardNumber:_____

TypeofCreditCard:Visa _____ MasterCard_____

ExpirationDate: Month:_____ Year:_____

BillingName&Address :

Name:_____

Address(ifdifferentfromyouraddressabove):

Signature: _____

Thankyou!YourgenerosityhelpsAfricanCulturalCenterUSAcontinueasa
valuableresourcefortheentireBayAreacommunity.

Pleaseemailto:

AfricanCulturalCenterUSA
P.O.Box5771
Hercules,California94547