

AfricanCulturalCenter

DonationForm

Name:_____

Address:_____

City:_____ State:_____ Zip :_____

Phone:()_____

Email:_____

I prefer my gift to remain anonymous: yes _____ no _____

PaymentOptions:

A. I am enclosing a check for \$ _____

B. I would like to pay by credit card:

Credit Card Number: _____

Type of Credit Card: Visa _____ MasterCard _____

Expiration Date: Month: _____ Year: _____

Billing Name & Address :

Name: _____

Address (if different from your address above):

Signature: _____

Thank you! Your generosity helps African Cultural Center USA continue as a valuable resource for the entire Bay Area community.

Please email to:

African Cultural Center USA
P.O. Box 5771
Hercules, California 94547