

Partners for Madagascar Donation Form

Kind of Donation	Designation	Amount \$USD
Operation	_____	\$ _____
Projects	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Personal	_____	\$ _____
Capital	_____	\$ _____
		Total \$ _____

Donor Information

Name _____

Address _____

E-mail _____ Phone _____

Form of Donation

Check No. _____ Check Date _____

Mail to: **Partners for Madagascar**
PO Box 1196
Fort Walton Beach, FL 32549

Credit card Type _____ Card No. _____

Expiration Date _____ Card verification No. _____

Name as it appears on card _____

Phone donation **850-420-5898**