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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 1097
Roswell, GA 30077

Credit card Type _____ Card No. _____

Expiration Date _____ Card verification No. _____

Name as it appears on card _____

Phone donation 770-518-6459

Partners for Madagascar is a 501c3 non-profit organization. All donations are tax-exempt.