

Project Ethiopia

Improving life for children and families one village at a time....

DONATION FORM

DATE

Enclosed is my/our gift in the amount of \$_____, check number _____ to support Project Ethiopia. I/we understand that 100% of my/our donation will go directly to support the mission of the Project and that no administrative fees or travel costs will be deducted from this gift.

Gift will be matched by _____ (company/family/foundation)
___Form enclosed ___Form will be forwarded

Donor Information

Name (s) _____
Address _____
City, State, Zip _____
or Province, Country Postal Code _____
E-Mail _____

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

The gift is ___in memory ___in honor of

Please send acknowledgement to:
Name(s) _____
Address _____
City, State, Zip _____
E-Mail _____

___I/we wish to have my/our gift remain anonymous.

Please make checks or corporate matches payable to: **PROJECT ETHIOPIA – ICC**

Mail check with this form to:

Project Ethiopia
Interfaith Community Church
1763 NW 62nd St
Seattle, WA 98107

US donations are 501(c)(3) deductible. Telephone (206) 784 3208