Please print this form to mail your gift to WaterAid America *** = required information**

Donation amount* ☐ $25 ☐ $30 ☐ $50 ☐ $100 ☐ $250 ☐ $500 ☐ $1,000

Other amount $_____

☐ This is a one-time donation ☐ I would like to make a recurring monthly donation

First name* _____Last name*_____

Street address* _____

_____

City* _____

State*_____ Zip Code*_____

Phone Number _____

Email_____

☐ Check this box to join the WaterAid America email list.

I would like to make this gift

☐ in memory of ☐ in honor of_____

For tribute gifts, please send notification to: (enter email or postal address)

_____

Billing information

I prefer to make my donation by:

☐ Check or Money Order (made payable to "WaterAid America")

☐ Credit card (please enter information below)

☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

Credit Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp. Date ☐☐/☐☐

Security code ☐☐☐

Signature _____

Please mail your gift to:

WaterAid America
232 Madison Avenue, Suite 1202
New York
NY 10016

Thank you for your gift!
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