



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 \$ \_\_\_\_\_

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!**  
WaterAid America is a nonprofit 501(c)(3) organization. Your donations are fully tax-deductible to the extent allowable by law.