



Donation Form

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

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Your contribution will make a real difference in peoples' lives. Your donation is tax deductible as permitted by law. Aid Africa is a 501 (c)(3) non-profit corporation.

I would like to make a donation to Aid Africa:

\$25 \$50 \$100 \$500 \$1000
 Other: _____

One Time Monthly Check Enclosed

I would like to designate my donation for: _____

Use my Credit Card: _____ Exp. Date: _____ CVC: _____
American Express, Discover, Master Card, Visa

To donate with your credit card through PayPal, click the [PayPal](#) button on our web site at aidafrica.net/donate.

Please mail your check to: Aid Africa
8712 Duncanson Dr.
Bakersfield, CA 93311-1912

To contact us, you may email: info@aidafrica.net or phone 661-900-5536.

Thanks for caring for the very poor people Aid Africa serves.