

Donation Form

Please Print

YES! I want to contribute to FOTONNA today.

Name(s): _____

Address: _____

Email: _____

Phone: (_____) _____

My donation is for:

_____ Summer Music Camp

_____ Women's Center

_____ Generator and Fuel

_____ Cistern Construction

_____ Olive Trees

_____ Support a Volunteer

_____ please use where most needed

Amount: \$ _____

(Make all checks payable to FOTONNA. To learn more, go to: www.fotonna.org.)

Send donations to:

Kay Plitt, Director of Finance

c/o FOTONNA

5621 N. 9th Road

Arlington, VA 22205

(By using your own envelope and stamp, you help us save the costs of paper and postage.

Thank you!)

Can you commit to:

_____ Monthly donation of \$ _____

_____ Quarterly donation of \$ _____

_____ Annual donation of \$ _____

I can use a **Fundraiser Kit**

Let me know how I can help in other ways.

NOT TODAY. Please keep me updated.

NO. Please take my name off your contact list.