

GENERAL DONATION FORM

For your safety and to ensure proper receipt procedure, please complete form and mail your contribution directly to:



AMAAM – African Mutual Assistance
Association of Missouri
2348 Tennessee Avenue
St. Louis, MO 63104

DONORS NAME & ADDRESS INFORMATION

NAME _____

ADDRESS _____

_____ Postal Code _____

City _____ State _____

Telephone # _____

e-mail: _____

Enclosed donation of \$ _____ (Please do not mail cash)

Visa/MasterCard Number _____ Expiry Date _____

I would like to honor: _____
(Name)

I would like to remember: _____
(Name)

Please notify the following person of my honorary/memorial gift:

Name: _____

Address: _____

City/State/ZIP: _____

African Mutual Assistance Association of Missouri is a 501 (c) not for Profit Organization

Thank you for your generosity