## THIS IS MY GIFT OF HOPE.

Enclosed is my check	(payable to <b>Fonkoze USA</b> ) in the am	nount of: \$	
☐ One-time gift ☐	Recurring gift: on the $\square$ 1st $\square$ 15th $\square$	] Last Day of the Month	
Please bill my: 🗖 Visa	□ MC □ Discover □ AmEx Care	d #	
Signature:		Expiration Date:	
Name:		Phone:	
Business Name:		Fax:	
Address:	City:	State: Zip:	
Email:			

## PLEASE MAIL FORM AND PAYMENT TO:

Fonkoze USA | 1900 L Street NW, Suite 304 | Washington, DC 20036

## THANK YOU FOR YOUR GENEROSITY AND SUPPORT!

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