

Friends of WEH Donation Form

Donor's Name _____ Date _____

Email Address _____ Phone _____

Mailing Address _____

City _____ State/Province _____ Zip Code _____

Please put my contribution toward:

- The greatest need as determined by the Board of *Women, Environment and Health*
- Mosquito Nets to prevent malaria in children, pregnant women, and the elderly
- Support for families caring for AIDS orphans and vulnerable children
- Support for a person with HIV/AIDS
(Medical care, necessary periodic testing, transportation to health centers, nutritious food, etc.)
- Keeping WEH's truck fueled and maintained
- Matching funds for the future Life Skills/Vocational Center
- The children's education fund
- Sponsoring a child's education (\$300 per year; includes tuition, uniform, books, and supplies)
Please fill out the balance of this form.
 - Child most in need
 - I would like to be assigned a specific child
 - I already have an assigned child. His/her name is: _____

Contribution amount enclosed _____

- Is this a one-time contribution?
- Or a regular contribution for the ongoing work of WEH?
(Sponsoring a child is \$25 per month, \$75 per quarter, \$150 twice annually or \$300 per year.)

I am donating: Monthly Quarterly Twice annually Annually

Other \$ _____ Per _____

Signature _____

Mail this form, with your check, to **The Friends of WEH**
PO Box 171
Kearny, Arizona 85137

Or you can make an online donation through PayPal at **www.wehfriends.pbworks.com**