



DONOR CONTACT INFORMATION

CONFIDENTIAL for Songea's Kids use only. Information will NOT be shared outside our organization.

(PLEASE PRINT)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

DAY/EVENING PHONE NUMBER: _____

EMAIL ADDRESS: _____

Comments or questions:

All donors receive the *E-Newsletter* detailing progress in our programs, an Annual Report, and other updates throughout the year.

Mail or email your completed form to:

Songea's Kids
3020 Issaquah Pine Lake Road SE #539
Sammamish, WA 98075

Questions? Contact Board Chair, Sherie Valderrama: sheriev@songeaskids.org

DOES YOUR COMPANY PARTICIPATE IN A MATCHING GIFT PROGRAM? Please inform our Board Chair, Sherie Valderrama at sheriev@songeaskids.org. This will extend your generosity to help even more orphans.

MAKE A GIFT OF STOCK OR A PLANNED GIFT? Please contact Marite, maritebutners@gmail.com.

Asante Sana!

Kiswahili (native language of Tanzania) for "Thank you very much!"



DONOR REGISTRATION FORM

**SONGEA'S KIDS IS A 501(c)3 NON-PROFIT ORGANIZATION (EIN 51-0649064)
ALL GIFTS MAKE AN IMPACT AND ARE TAX-DEDUCTIBLE**

SIMPLY SELECT FROM THE OPTIONS BELOW, CHOOSE THE AMOUNT AND FREQUENCY OF PAYMENT

___ Greatest Needs Fund:

Any amount helps provide for the most urgent needs such as emergency medical treatment, bicycles to travel to schools, or unexpected foster home repairs.

___ Sponsor a Child's Basic Needs:

\$60/month provides safe shelter, food, clothing and health care for one child.

___ Educate a Child:

\$28/month provides pre-school through secondary school or vocational training for one child.

___ Hope Village Fund:

Any amount will help us complete construction of a residential haven for orphans and the most vulnerable children in Lutukira, Tanzania that will also include a health care/dispensary, pre-school, vocational training classrooms and more, benefiting the children and the 2800 surrounding villagers.

FREQUENCY OF PAYMENT

Monthly: \$ _____
Quarterly: \$ _____
Annually: \$ _____
One-time Donation: \$ _____

METHOD OF PAYMENT

___ I have enclosed a check
___ Charge my Credit Card (mail the attached form)
___ Arrange Automatic Deposit (mail the attached form)

NOTE: To make a secure, online donation, go to the DONATE page at www.songeaskids.org