



## Village Clinic Contribution Form

Dear supporter,

We highly appreciate your support. Feel free to direct your donation towards a specific item or project in our clinic. We will honor your wish. You will receive acknowledgment letter from us soon when we receive your donation. The Maasai Association will keep you informed with the happenings of our projects. Please fill out this form and mail it to Maasai Association at the address listed below. Thank you very much for supporting our cause.

Last Name

First Name

Mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Put my contribution of \$ \_\_\_\_\_ towards:

Emergency Vehicle  BCG Vaccine  Wherever is needed most

Payment methods:  Check  Cash  Money order

Make check payable to:

Maasai Association  
P.O Box 868  
Medina, WA 98039  
U.S.A

Maasai Association is a tax-exempt public charity described in section 501(C) (3) of the U.S. Internal Revenue Code. All gifts are tax deductible.