

# Donation Form



## Rosshirt Water for Africa Foundation

*If we can save the life of only one person,  
all our efforts will be worth it.*

### Donor Information (please print or type)

Name \_\_\_\_\_

Billing address \_\_\_\_\_

City, ST, Zip Code \_\_\_\_\_

Phone 1 | Phone 2 \_\_\_\_\_

Fax | Email \_\_\_\_\_

### Donation Amount

I (we) are making a donation in the amount of: \$ \_\_\_\_\_

I (we) are making this donation by:  cash  check  other.

Credit card payments are accepted online at <http://rosshirtwaterforafricafoundation.com/donate-now/>

Gift will be matched by (company/family/foundation) \_\_\_\_\_

### Acknowledgement Information

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,  
or other gifts payable to: Rosshirt Water for Africa  
Foundation, Inc.

Rosshirt Water for Africa Foundation  
3817 Bentworth Lane Columbus, OH 43230