



Give Light Foundation
PO BOX 62362
Sunnyvale, CA 94085

Donation Form

Name: _____

Address (billing on the card): _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____

Evening Phone: (____) _____

I would like to donate through:

A one time tax-deductible donation for \$ _____

Orphan sponsorship for one orphan (\$360)

Or, I would like to sponsor _____ orphans for _____ years for \$ _____

Country to apply donation or sponsorship:

- Indonesia
- Pakistan
- Sri Lanka
- Afghanistan
- USA, Bay Area
- Cambodia
- Morocco
- Bangladesh
- Pacific Islands of Samoa

Most needed

Please visit our website www.givelight.org if you prefer to sign-up for automatic \$30 monthly donation.

Payment Method:

- Check
- Mastercard
- Discover
- Visa
- Ammex

Card Number:

Pin on the back:

Expiration Date: (MMYYYY)

For all credit cards we must have your signature and expiration.

Signature: _____