



YES, I WANT TO SUPPORT YOUNG PEOPLE TO DO GREAT THINGS!

\$50 \$100 \$250 \$500 \$1,000 \$2,500 \$5,000 \$10,000 Other _____

Please make checks payable to AMIGOS DE LAS AMERICAS. Your gift may be tax deductible.

- I authorize a one-time gift of \$_____ using my credit card.
I authorize a monthly gift of \$_____ on the 1st or 15th (check one) of each month using my credit card.

Check one: [] Master Card [] Visa [] Discover

Name on card: _____ Security Code: _____

Card number: _____ Expiration Date: _____

Signature: _____ Date: _____

MEMORIAL OR HONOR GIFTS

This gift is: [] in memory of _____ [] in honor of _____

Please notify the following individual:

Name: _____

Address: _____

City, State & Zip: _____

Occasion: _____

CONTRIBUTE TOWARDS A NATIONAL OFFICE PARTICIPTANT

Participant's Name: _____

FUND AN AMIGOS CHAPTER/AFFILIATE PARTICIPANT

Do not use this form. Please mail your check, directly, to your local chapter. Chapter mailing addresses and contact information can be found at http://amigosinternational.org/chapter-network.

OTHER WAYS TO HELP

- Match your donation through your employee matching gift program
Share your AMIGOS experience with others
Volunteer your time - join a chapter board or become a campus representative
Host an event or fundraiser

TO MAKE DONATIONS ONLINE VISIT
http://amigosinternational.org/donate

GET OUT OF YOUR ELEMENT