

Your Response

YES! I want to help build a foundation of hope for orphans devastated by HIV/AIDS, and vulnerable children and women in Kenya.

I plan to attend:

____ Number of Tickets @ \$100.00 = \$ _____

____ Number of Hosted Tables @\$1,500.00 = \$ _____

I cannot attend, but please accept my donation:

General Fund (use where needed most) \$ _____

Fanaka Girls Secondary School Building Campaign \$ _____

I want to sponsor a child(ren) at \$30 per month for \$360.00 per year \$ _____ per month/year

____ \$ Check (make payable to ACF – USA)

____ \$ Credit/Debit Card: ____ VISA ____ M/C ____ AMEX Card # _____

Name on Card _____

Exp. Date _____ Signature (Required) _____

Donor Name _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Email _____

ACF will not rent, sell, or share your personal information with third parties.

Please complete this form and send it with your tax-deductible donation in the envelope provided to:
African Child Foundation, c/o Lauren Peterson, 18662 MacArthur Blvd., Second Floor, Irvine CA 92612 Tel: 949.440.3240