

Gene Smart Compassion
Donation Form

Yes, I want to partner with you to help save lives and meet desperate needs facing children in Africa.
Enclosed is my gift of:

- \$25 \$50 \$100 \$500 \$1000 \$2500 Other \$ _____
- I am making a monthly commitment of \$ _____
- Please charge \$ _____ to my VISA MC AmEx Discover
- Donation designation: _____ (leave blank if you would like us to direct your donation to the project where it is needed most)

Unless otherwise specified, your donation will be "General".

Name

Address (street address, city, state, zip)

Telephone

Email

Card Number

Expiration

Signature

Make checks payable to Gene Smart Compassion
Mail to: Gene Smart Compassion Inc., 635 W. Fourth Street, Winston-Salem, NC 27101
www.genesmartcompassion.org