



## CONTRIBUTIONS

(Please print this form when complete and mail with your check made payable to:)

Akha Outreach Foundation  
PO Box 547  
Louisville, CO 80027

**Yes!** I would like to make a financial contribution to Akha Outreach Foundation in the amount of (US\$):

(Circle one:)

\$100

\$500

\$1,000

\$5,000

Other: Please specify - \$ \_\_\_\_\_

\* - Required field

\* Full Name: \_\_\_\_\_

Group / Business Name: \_\_\_\_\_

\* Individual Contribution Address: \_\_\_\_\_

\* Address 2: \_\_\_\_\_

\* City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

How did you hear about us? \_\_\_\_\_