

rwanda
gift for life

CONTRIBUTION FORM

Date: _____

Name: _____ email: _____

Address: _____

I enclose my contribution for:

Over \$500 \$500 \$100 \$50 \$25 Other____ [All contributions are meaningful]

Please make checks out to: Rwanda Gift for Life

Mail to: Rwanda Gift for Life, P.O. Box 840, Montclair, NJ 07042

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