



PRINTABLE DONATION FORM

I would like to donate the following amount:

\$25 \$50 \$100 \$500 \$1,000 Other \$ _____

Enclosed is my check payable to the *What If Foundation*.

I would like to give monthly and have a long-term impact in the lives of the children of Ti Plas Kazo.

I would like to give in honor or memory of _____

I would like my gift to remain anonymous.

Name _____

Address _____

City / State / Zip _____

Email _____ Phone _____

Save a stamp and send me thank you notes and information via email.

**Every child matters. Every dollar counts.
Thank you for supporting the children of Haiti.**

The *What If Foundation* is a 501(c)3 charitable organization. All donations are tax-deductible as permitted by law. For more information, please contact us at info@whatiffoundation.org