



**Contribution Form**

**Address**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**Billing Address if Different**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**I would like to make this gift in**     **honor of**     **memory of**

\_\_\_\_\_  
\_\_\_\_\_

**I would like to contribute \$ \_\_\_\_\_ to CHABADZA**

I commit to a monthly donation.

Make your check payable to "Chabadza Healing Hands"

Contribute with a credit card

VISA     MasterCard     AMEX     Discover

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CV Code: \_\_\_\_\_

Signature: \_\_\_\_\_

*I authorize CHABADZA Healing Hands to charge my credit card for the amount noted above.*

Mail this form to:

Chabadza Healing Hands Across Zimbabwe  
21 Linwood Avenue  
Bel Air, MD 21014

*Please include your check if paying by check.*