

(Please provide contact information):

Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ E-mail _____

DONATION (Provide donation amount):

I would like to help in educating needy High school students, and build water wells in dry areas of Kenya by making a 100% tax-deductible donation of \$ _____ .

FORM OF PAYMENT (Check one and provide information as requested):

Payment by check

Make check payable to "KACOINC"

Check must be drawn on a U.S. bank.

Mail check and this completed form to **KACOINC, P. O BOX 1701, DULUTH, GA 30096, U.S.A**

Payment by credit card

Circle one card: American Express; MasterCard; VISA

Account # _____ Expiration date _____

Name as it appears on card _____

Signature _____

Both U.S. and international credit card donations are welcomed.

For credit card payments, either fax this completed form to (770) 232-2986 or Mail check and this completed form to **KACOINC, P. O BOX 1701, DULUTH, GA 30096, U.S.A**

If you have any questions, please contact us

Thank you for your support!