LUSO-AMERICAN EDUCATION FOUNDATION
P.O. BOX 2967
Dublin, California 94568
Telephone: (925) 828-3883
Fax: (925) 828-4554

DONATION INFORMATION

Select Gift Amount:

- □ **One time amount of $_____**
- □ **Monthly automatic withdraw of $_____**

Payment Type: if by check, please mail along with form to P.O. Box #2967, Dublin, CA 94568

Credit Card Number: _____-_____-_____
Credit Card CVV: _____
Expiration Date: Month____ Year_____

Name:_____Date:__/__/___
First Middle Last Name

Address:_____
Street City State/Country

Telephone: Home (____) _____ - _____ Other (____) _____ - _____

E-mail address:_____

THANK YOU FOR YOUR DONATION! A receipt with our tax ID number will be sent to you within 30 days of receiving donation.