



## Donation Form

First Name:

Last Name:

Organization Name (if applicable):

Address:

City:

Province:

Postal Code:

Phone:

Email:

Please send my tax receipt via email

Please mail my tax receipt to the address above

### Please accept my donation of \$

I would like to:

Give Once

Give Monthly

### Please designate my donation to:

Wherever is most needed  
Herd Boys

Child Sponsorship  
Young Mothers

Grandmothers  
Other:

### Payment Options:

Visa

MasterCard

Cheque

Cash

Credit Card #

Expiry Date (mm/yy)

Signature

Please make cheques payable to Help Lesotho.

Charitable receipts provided for donations of \$15 or more.

Mail this form and your donation to the address below.

## Thank you!