



Donation Form 2022

1. Donor Information

First and last name:

Address:

City:

State:

Zip Code:

Telephone:

2. Donation

Donation Amount: \$.....

(Enter the amount selected on the website)

- ☐ Make this my monthly donation.
- ☐ Donate Once.
- ☐ I want my donation to be anonymous.
- ☐ Why do you want to donate
- ☐ I would love to receive emails from Aid Colombian Children.

3. Payment Method (Choose one):

- ☐ **Wire Transfer.** I will provide my financial institution with the following information:

Account Name: Louann Albright
Bank: Chase Bank
Routing Number: 111000614.
Address: 1100 12TH ST Argyle TX
Zip Code: 76226-2082.
International swift code: CHASUS33.
Bank Address: 6624 Watauga Road Watauga, Tx 76148.

- ☐ **Credit/Debit Card**

Donors who wish to use this method of payment must access the payment options through the website www.aidcolombianchildren.com.

4. Certification

I acknowledge that my contribution is irrevocable and, upon acceptance, becomes the property of Aid Colombian Children. I recognize that Aid Colombian Children reserves the right to decline donations. I also acknowledge that a portion of the amount contributed may be retained by Aid Colombian Children to cover administrative fees and out-of-pocket costs.

Signature Date