

# New Sudan American Hope Donation Form

Please print this form. Send completed form along with donation to the mailing address listed below.

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_

Contact Person \_\_\_\_\_ Amount Enclosed \_\_\_\_\_

## Comments: (Please use back side if necessary)

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To make a donation, please print out this donation form and enclose check or money order payable to:

**New Sudan American Hope  
P.O. Box 545  
Rochester, MN 55903**

**Thank you for your support of the New Sudan-American Hope 501(c)(3) non-profit organization!**