



# DONATION FORM

Please fill out the following information and enclose this form with your donation.

School Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Group Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

Send donations to: WE Charity  
Attn: Donor Services and Operations  
233 Carlton Street  
Toronto, Ontario  
Canada, M5A 2L2

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate where you would like your donation to be directed by choosing a WE Villages Pillar of Impact and country below.

## PILLARS OF IMPACT

- ☐ Education
- ☐ Water
- ☐ Health
- ☐ Food
- ☐ Opportunity
- ☐ Greatest Need
- ☐ Still Deciding\*

## COUNTRIES

- ☐ Rural China
- ☐ Ecuador
- ☐ Haiti
- ☐ India
- ☐ Kenya
- ☐ Sierra Leone *(Education only)*
- ☐ Nicaragua
- ☐ Greatest Need
- ☐ Still Deciding\*

## RELEASING FUNDS

- ☐ I am ready to release these funds to immediately support projects overseas.
- ☐ I would like WE Charity to hold these funds until I have reached my goal.\*

Notes: \_\_\_\_\_

\_\_\_\_\_

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## HOW DID YOU COLLECT YOUR FUNDS?

- |  |           |
|--|-----------|
| <input type="checkbox"/> WE Are Silent   | \$: _____ |
| <input type="checkbox"/> WE Are Rafikis  | \$: _____ |
| <input type="checkbox"/> WE Create Change  | \$: _____ |
| <input type="checkbox"/> WE Bake for Change  | \$: _____ |
| <input type="checkbox"/> WE Walk for Water   | \$: _____ |
| <input type="checkbox"/> Other Initiatives <i>(please note if above campaigns do not apply):</i> | \$: _____ |
| _____  | \$: _____ |
| _____  | \$: _____ |

When completed, please  
send donation and form to:

WE Charity  
Attn: Donor Services and Operations  
233 Carlton Street  
Toronto, Ontario  
Canada, M5A 2L2