



Donation Form

Contact Information

Name _____

Organization (if donation from organization) _____

Home Organization Address _____

City _____ ST _____ Zip _____

Cell phone (_____) _____ Home phone (_____) _____ Work phone (_____) _____

E-mail _____

Donation Information

My donation to the Multicultural Alliance is:

Unrestricted

Amount
\$ _____

Restricted:

Camp CommUNITY in general

\$ _____

Camp CommUNITY scholarship (\$325 a Delegate)

\$ _____

Interfaith Seminary Retreat

\$ _____

Interfaith Dialogues

\$ _____

People's Art Collaborative

\$ _____

Other

\$ _____

Total: \$ _____

Honorarium and Memorial

My gift is in Honor or Memory of _____

Send acknowledgement to: Name _____

Address _____ City _____ ST _____ Zip _____

E-mail _____

Payment Information

Enclosed is my donation to the Multicultural Alliance, in the amount of \$ _____.

Check

Money Order

Please print this form and mail to:

Multicultural Alliance, 500 West Seventh Street; Suite 1707; Unit 15, Fort Worth, TX 76102
mcatexas.com