



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:

	Amount	
<input type="checkbox"/> Unrestricted	\$ _____	
<input type="checkbox"/> Restricted:		
<input type="checkbox"/> Camp CommUNITY in general	\$ _____	
<input type="checkbox"/> Camp CommUNITY scholarship (\$325 a Delegate)	\$ _____	
<input type="checkbox"/> Interfaith Seminary Retreat	\$ _____	
<input type="checkbox"/> Interfaith Dialogues	\$ _____	
<input type="checkbox"/> People's Art Collaborative	\$ _____	
<input type="checkbox"/> 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