



Name _____

Address _____

City _____

State _____

Zip code _____

Telephone number _____

Email Address _____

I am an AFS (check all that apply)

Returnee Volunteer Host Parent Natural Parent Other _____

I would like to make a contribution to AFS-USA in the amount of:

\$50 \$100 \$500 \$1,000 \$5,000 Other \$_____

Payment Options

I have enclosed a **check** payable to AFS-USA, Inc.

I would like AFS-USA to charge my **credit card**:

Visa MasterCard American Express Discover

Card number: _____ Exp. Date: _____ / _____

Cardholder's Name: _____ Signature: _____

Cardholder's Address (if different from above): _____

This contribution is made in honor or memory of _____

Please send a letter notifying the family of my tribute gift to (please provide us with a name and address):

More Ways to Support AFS-USA

I would like more information on AFS-USA's **Monthly Giving Club**.

My employer has a **matching gift program**. I have enclosed the necessary form.

I am considering AFS-USA as part of my **estate planning**. Please send me information about the AFS-USA Galatti Legacy Circle.

Please mail this form to AFS-USA Inc., Office of Development, 120 Wall Street, 4th Floor, New York, NY 10005.

*Our tax ID is: 39-1711417. **Contact us at (646) 751-2029 or fundraising@afsusa.org if you have any questions.***