



WORLD YOUTH CHANGE MAKERS SCHOLARSHIP DONATION FORM

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PERSONAL INFORMATION

NAME: _____

STREET

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ CELL: _____

DONATION INFORMATION

I would like to contribute for youth to attend the World Youth Change Makers program in India:

Monthly Donation*: \$20 \$40 \$50 \$75 \$100 Other \$ _____

Process my donation on the 1st 15th of each month

One-Time Donation Amount: \$100 \$200 \$500 \$750 \$1,000 \$1,500 \$3,000 \$4,500

Other Amount \$ _____

This donation is made by: an individual a business _____

PAYMENT METHOD

CHECK CREDIT CARD PAYPAL (MoyoInstitute@gmail.com)

**I understand that my monthly donation will continue automatically each month until I notify Moyo Institute, Inc. to cancel my donation. I can change or cancel my donation at any time.*

CREDIT CARD INFORMATION

I prefer to pay by Credit Card:

CARD TYPE: VISA Master Card American Express

CARD NUMBER: _____ Exp (mm/yyyy) _____ CVC Code: _____

NAME ON CARD (PRINT CLEARLY ALL CAPS): _____

SIGNATURE: _____

BILLING

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____