



CONTRIBUTION FORM

Personal Check

Enclosed is my donation of \$_____.

Please make check payable to: **Wayúu Taya Foundation**

Credit Card

I would like to donate \$_____ with my credit card.

Check one: Visa MasterCard American Express Discover

Credit Card Number: _____

Credit Card Expiration Date: _____

Credit Card Billing Address: _____

Cardholder Signature: _____

Contact Information

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

Email: _____

Occupation _____

Employer _____

Please mail to:
Wayúu Taya Foundation
302A West 12th Street #320
New York, NY 10014

For more information: www.wayuutaya.org