



CROSSROADS SPRINGS AFRICA, INC. DONATION FORM

___ Yes, I would like to donate \$ _____ to Crossroads Springs Africa, Inc.

for the continued care and education of the children.

___ Yes, I would like to donate \$ _____ to Crossroads Springs Africa, Inc. for this special project: _____.

*Tax Deductible Donation Checks should be made payable to
Crossroads Springs Africa, Inc. and sent to:*

*Crossroads Springs Africa, Inc.
P. O. Box 242
East Aurora, New York 14052*

Donor Name: _____

Address: _____

City _____ State _____ Zip _____

In Memory of: _____

In Honor of: _____