



DMF

DIKEMBE MUTOMBO FOUNDATION, INC

Improving Health, Education and Quality of Life

Please Make Checks Payable To:

Dikembe Mutombo Foundation, Inc.

P.O. Box 674227, Marietta, GA 30006

1-866-289-2108 toll free

Pledge No. _____

One Time Pledge
 Monthly Pledge
 Matching Pledge

\$ _____
 Amount Pledged

 Matching Gift Company Name

This gift is In Honor of In Memory of In Celebration of Other _____

Honor/Memorial Name _____

Relationship to donor _____

- Ms.
- Miss
- Mrs.
- Mr.

Donor Name _____

Number and Street _____

City, State, Zip _____

Phone No. - -

Operator	Verified
_____	_____

Credit Card Information:

Type _____ Expiration Date _____

Number

Please return this form with your tax-deductible gift. Your cancelled check is your receipt.

Please acknowledge this gift to: (Relationship) _____

Name _____

Number and Street _____

City, State, Zip _____