



CONTRIBUTION FORM

PERSONAL CHECK

Enclosed is my donation of \$_____.

Please make checks payable to : Wayuu 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 Tayá Foundation
 225 Broadway, Suite 1905
 New York, NY 10007

For more information: www.wayuutaya.org
 info@wayuutaya.org