

MONTHLY DONATION PROGRAM



YAAPHA

(Youth in Action Against Poverty and HIV/Aids)

Your Name: _____

Pledge Amount

- | | |
|---|---|
| <input type="checkbox"/> \$25 per month (\$300 a year) | <input type="checkbox"/> \$125 per month (\$1,500 a year) |
| <input type="checkbox"/> \$50 per month (\$600 a year) | <input type="checkbox"/> \$200 per month (\$2,400 a year) |
| <input type="checkbox"/> \$75 per month (\$900 a year) | <input type="checkbox"/> \$250 per month (\$3,000 a year) |
| <input type="checkbox"/> \$100 per month (\$1,200 a year) | <input type="checkbox"/> Other monthly amount of \$ |

.....
Signature

.....
Date

- One-time gift:** My initial pledge payment of \$_____ is enclosed
(suggested minimum \$100)

Easy. Quick. Secure. www.yaapha.net click on "donate" button!

YOUTH IN ACTION AGAINST POVERTY AND HIV/AIDS
MSASANI STREET – KALOLENI WARD
P.O. BOX 367
MOSHI.
Email: info@yaapha.net