

SAFI SCHOOL PROJECT *info@safischoolproject.org*



P.O. Box 8275, Lacey, WA, 98509

___ Yes, I want to sponsor a vocational student for a year - \$1,080/90 per month ½ year - \$540/45 per month

___ Yes, I want to cover a secondary or post-secondary student for a year \$700/60 per month

___ Yes, I want to help feed a student and their family for a year \$1,500/125 per month

___ Yes, I want to support Safi School Project with a donation of _____ (any amount)

97% of all donations to Safi in 2019 went directly to Safi School Project programs supporting Safi students.

I am enclosing my check # _____ in the amount of \$ _____ for _____

___ Charge My Credit Card: # _____ MM/YY _____ CVC _____

___ Create a recurring or one-time credit card transaction? Amount _____ Frequency _____

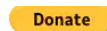
Contact Information: If paying with credit card, the contact info must match what is used for billing.

Name _____

Address _____

Phone _____ Email (required for receipt) _____

Signature _____



OR Go to Safi's website www.safischoolproject.org/donate and click the donate button



4/01/2021

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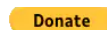
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