



## Donation Summary Form

*Please visit our website to pay by credit card.*

**\*\*If you are fundraising:** Due to our small staff, if donating by check, we strongly encourage schools to collect individual donation checks and send WFSS one check.

Donor Name: \_\_\_\_\_

Contact Name (for organizations): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Please send checks and money orders to:**

**Water for South Sudan  
P.O. Box 25551  
Rochester, NY 14625**

*Please make checks payable to "Water for South Sudan." We recommend using postal tracking when sending checks.*

*If this donation is for the **Iron Giraffe Challenge**, please check box:* ☐

Donation Amount: \$\_\_\_\_\_

Paid by: ☐ Check ☐ Wire ☐ Money Order

If this donation is on behalf of a school/organization, list name here:

\_\_\_\_\_

This donation is directed to:

☐ Operating Funds ☐ Capital Equipment Fund ☐ Where needed most

Would you like a tax receipt for this donation? ☐ Yes ☐ No

*All donations of \$100 and above will automatically be receipted by WFSS.*

Would you like to receive WFSS email news? ☐ Yes ☐ No

*If this donation is in memory of someone or in honor of someone, and you would like an acknowledgement card sent to this person, please list their name and address. You may also include a personal note.*

Honoree Name: \_\_\_\_\_

Honoree Address: \_\_\_\_\_

Note: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_