



Inspire People. Empower Solutions. End Fistula.

DONATION FORM

Thank you for supporting One By One! If you have questions about your donation or any of One By One's programs, please contact us at (206) 297-1418 or info@fightfistula.org.

DONOR INFORMATION (Please note: *The information you provide is used for One By One's records only. We will not sell or trade your personal information with any other organization.*)

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GIFT AMOUNT

Gift amount: \$ _____ Ongoing gift amount: \$ _____/month for _____ months

PAYMENT METHOD *(payable in US funds)*

By check made payable to "One By One".

By credit card: VISA M/C Card # _____ Exp. _____

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PLEDGES ONLY *(We will provide you with pledge reminders per your payment schedule.)*

I/we expect to pay this pledge by (date): _____

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Complete this form and mail it, along with your check or credit card information, to:

One By One
4041 Roosevelt Way NE, Suite C
Seattle, WA 98105

Or fax it to: (206) 374-3010