



Mail-in Donation Form

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Email address: _____

Phone: _____

Donation amount: \$ _____

Make my donation
reoccurring

\$ _____

Monthly

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*Charged monthly on the
date of your gift.*

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MasterCard

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Credit card # _____

Exp. Date: _____

Security Code: _____

Signature: _____

Please use my gift for:

The greatest need

Bududa Vocational Academy

Children of Bududa

Shelter Fund

Please make my gift:

In memory of _____

In honor of _____

Please mail this form with your donation to the address below corresponding to the Country you submit taxes in!

827 Berkeley Ave.
Charlotte NC 28203

1380 Queen St W
Toronto, ON M6K-1L7

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