



MAIL-IN DONATION FORM

Please print this form and complete the information below so we can process and acknowledge your gift.

DONOR INFORMATION

Donor Name (First Name and Last Name): _____

Organization Name (Please fill this out if you are making a donation on behalf of an organization):

ADDRESS INFORMATION

Address (If you are making this donation on behalf of an organization, please provide the company's address):

City: _____ State: _____ Zip Code: _____

Country: _____

Email (optional): _____

Telephone Number (optional): _____ Home Mobile

PAYMENT OPTIONS

Enclose your check made payable to: **Ansar Services of Greater Washington DC**

Mailing Address:

2101 L Street, NW
Suite 300
Washington DC, 20037
Attn: Processing

I WANT TO SUPPORT

Please designate your gift to one of the following:

- Ansar Operations
 UC2IT
 Where it is needed most

We welcome your feedback and comments. Please feel free contact us at
www.ansarservices.org or call us at (202) 466-0555.