



Nyaka AIDS Orphans School

P.O. Box 339

East Lansing, MI 48826

www.nyakaschool.org

"For our children's sake"

YES - I wish to make a donation to the Nyaka AIDS Orphans School!

* My monthly gift will be: ___\$100 ___ \$50 ___ \$25 ___ \$20 ___ \$10 ___\$ (other)

___ Please charge my gift to my credit card each month (___ Mastercard ___ Visa)

Name_____ CC #:_____ Exp._____

Signature_____

* I wish to sponsor a Nyaka graduate for a year of Secondary School ___ \$500

* I wish to make a donation: ___ \$100 ___ \$250 ___ \$500 ___ \$1000 ___ \$ (other)
(Make checks payable to: STSAD Inc./Nyaka AIDS Orphans School)

NAME:_____ EMAIL:_____

ADDRESS:_____ PHONE:_____

I am interested in the following:

___ Info about planned giving options ___ A matching gift form for my employer

___ Making a donation of stock ___ Making a donation of air miles

___ Receiving updates through listserve ___ Starting a Friends of Nyaka Group

THANK YOU FOR YOUR GENEROSITY - THE BEST IS YET TO COME

For questions and inquiries about how to participate in Nyaka activities, please contact:

Twesigye Jackson Kaguri, Founder/Director: tjk@nyakaschool.org

