



**THE NYAKA
AIDS ORPHANS
PROJECT**

Working to free orphans from the cycle of poverty.

**YES – I wish to become a Monthly Sustainer to the
Nyaka AIDS Orphans Project!**

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

You can sign up for a PayPal subscription for automatic monthly donations by visiting this
webpage address: www.nyakaschool.org/sustainers.php

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

Name_____

#:_____ Exp._____

3-digit CV Code_____

Signature_____

YES - I would like to give to Nyaka in other ways!

* 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:_____

Please tell us how you have come into the Nyaka Family:

(e.g. *The Price of Stones* book tour, Nyaka website, a friend, a radio broadcast, a publication
etc.) _____

Thank you for your feedback!

I am interested in more information on:

___ Info about planned giving options

___ A matching gift form for my employer

___ Making a donation of stock

___ Making a donation of air miles

___ Starting a Friends of Nyaka Group; Please, tell us which state: _____

THANK YOU FOR YOUR GENEROSITY – THE BEST IS YET TO COME!