

CONTRIBUTION INFORMATION

(Your personal information is kept confidential)

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: Home: _____ Work: _____

E-mail Address: _____

DONATIONS

A ONE-TIME DONATION, IN THE AMOUNT OF

\$5,000 \$2,500 \$1,000 \$500.00 \$100.00 \$50.00 Other: \$ _____

A REPEATING DONATION, AS FOLLOWS

A Sum Of \$ _____ Once Every Month Quarter Year, Amounting to a Total: \$ _____

METHOD OF PAYMENT

Check enclosed, please make checks payable to "Stop International, Inc."

Please bill my credit card: Card type Visa MasterCard American Express Discover

Account Number: _____ Expiration Date: _____

NOTES

- Contributions to Stop International Inc. Are deductible under section 170 of the internal revenue code as an organization described in section 501 (c)(3), Please consult your accountant for any clarifications.
- Payments must be received before the end of the year to be eligible for a tax deduction in that year.
- There is no minimum contribution amount.
- For more information please visit www.stopintl.org or call: (212) 726-1086

Please forward completed form and payment to:
STOP INTERNATIONAL INC.

244 Fifth Avenue • 2nd Floor, Suite C-125 • New York, NY 10001

Tel: 212.726.1086 • Fax: 212.726.3086 • Cell:(718) 607-2021

www.stopintl.org • e-mail: kamadi@stopintl.org

Would you like to volunteer your time, resources, or idea to Stop International? Yes!