



# DMF

# DIKEMBE MUTOMBO FOUNDATION, INC.

*Improving Health, Education and Quality of Life*

Please Make Checks Payable To:

**Dikembe Mutombo Foundation, Inc.**

P.O. Box 250225, Atlanta, GA 30325-1225

1-866-289-2108 toll free

Pledge No. \_\_\_\_\_

One Time Pledge  
 Monthly Pledge  
 Matching Pledge

\$ \_\_\_\_\_ Amount Pledged      \_\_\_\_\_ Matching Gift Company Name

This gift is  In Honor of     In Memory of     In Celebration of     Other \_\_\_\_\_

Honor/Memorial Name \_\_\_\_\_

Relationship to donor \_\_\_\_\_

- Ms.
- Miss
- Mrs.
- Mr.

Donor Name \_\_\_\_\_

Number and Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone No.    -    -

Operator	Verified

Credit Card Information:

\_\_\_\_\_

Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Number

Please return this form with your tax-deductible gift. Your cancelled check is your receipt.

Please acknowledge this gift to: (Relationship) \_\_\_\_\_

Name \_\_\_\_\_

Number and Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_