



Thank you for supporting the GoAbroad Foundation's Current Projects and Partners!

Please complete the following form to guide us in utilizing your donation and communicating with you about your donation.

Upon completion of this form, please attach it to your check and mail to:

GoAbroad Foundation  
500 Broadview Dr.  
Severance, CO 80550  
United States

### Section 1: Donor Details

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

*(To receive a receipt for your donation, you must provide an email address.)*

### Section 2: Donation Value

Check Value: \$ \_\_\_\_\_

### Section 3: Recipient Details (What project the donation is intended for)

- |                           |                          |                               |
|---------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>      |
| Scholarship Support       | Rice Subsidy Program     | Supplementary Feeding Program |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>      |
| Hot Lunch Feeding Program | Sponsor A Child          | Other _____                   |



## Section 4: Additional details about your donation and its purpose

*By signing and mailing this form, I consent to the GoAbroad Foundation (GAF) collecting and storing my data. I understand that GAF will use the information collected to provide me with updates about my donation and marketing via email. Furthermore, I verify that I am 16 years of age or older and do not need parental consent. By submitting this form, I agree to the [GoAbroad Foundation's Privacy Policy](#).*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_