



DONATION FORM

Please fill out the following information and enclose this form with your donation.

School Name: _____

Phone Number: _____

Group Name: _____

Email Address: _____

Contact's Name: _____

Date: _____

Amount Enclosed: _____

Send donations to: WE Charity Minnesota Office
Attn: Donor Services and Operations
4301 Highway 7, Suite 120
Minneapolis, MN
55416, USA

Address: _____

Please indicate where you would like your donation to be directed by choosing a WE Villages Pillar of Impact and country below.

PILLARS OF IMPACT

- ☐ Education
- ☐ Water
- ☐ Health
- ☐ Food
- ☐ Opportunity
- ☐ Greatest Need
- ☐ Still Deciding*

COUNTRIES

- ☐ Rural China
- ☐ Ecuador
- ☐ Haiti
- ☐ India
- ☐ Kenya
- ☐ Sierra Leone *(Education only)*
- ☐ Nicaragua
- ☐ Greatest Need
- ☐ Still Deciding*

RELEASING FUNDS

- ☐ I am ready to release these funds to immediately support projects overseas.
- ☐ I would like WE Charity to hold these funds until I have reached my goal.*

Notes: _____

HOW DID YOU COLLECT YOUR FUNDS?

- | | |
|--|-----------|
| <input type="checkbox"/> WE Are Silent | \$: _____ |
| <input type="checkbox"/> WE Are Rafikis | \$: _____ |
| <input type="checkbox"/> WE Create Change | \$: _____ |
| <input type="checkbox"/> WE Step Up | \$: _____ |
| <input type="checkbox"/> Other Initiatives <i>(please note if above campaigns do not apply):</i> | \$: _____ |
| _____ | \$: _____ |
| _____ | \$: _____ |

When completed, please
send donation and form to:

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