



Thank you for your interest in supporting the **DAE Foundation**. Your contribution is very much appreciated as a charitable donation.

Please print out this form, fill it out and send it to the Foundation at the address listed below.

Donation Information

I would like to make a donation of:

Donation amount: \$20 \$30 \$50 \$100 Other: \$_____

Donor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Donation Method

Check

Money Order

*** Make all checks and money orders payable to DAE Foundation**

Credit Card: Visa Master Card America Express Discover

Credit Card Number: _____

Expiration Date: _____ Signature: _____

Please send this form with your check or money order (if applicable) to:

DAE Foundation
PO Box 21994
Charleston, South Carolina 29413
Phone 843-460-8389