Omosaze inc.

Thank you for your donation. With your assistance, we can ensure that every struggling student who is referred to Omosaze receives the help they need to become successful readers and learners.

Personal Information

Prefix: Mr. Mrs. Ms. Miss **Suffix**: Jr. Sr. Other:_____

First Name:_____ **Last Name**:_____

Street Address:_____

City:_____ **State**:_____ **Zip Code**:_____

Phone:_____ **Email Address**:_____

Employer:_____

Donation Information

❑ **I am making a donation in my own name** (see information above).

❑ **I am making a donation in my company's name.**

Company Name:_____

Company Address:_____

City:_____ State:_____ Zip Code:_____

Phone:_____ Email Address:_____

❑ **I am making a donation in honor of:**

Name:_____

Occasion:_____

❑ **I am making a donation in memory of:**

Name:_____

Connection to Omosaze, Inc.:_____

Donation Amount

❑ **$50** ❑ **$100** ❑ **$250** ❑ **$500** ❑ **$1000** ❑ **Other: $**_____

Checks may be addressed to Omosaze, Inc. and mailed to the address listed below.

Donation Acknowledgement

❑ **I would prefer that my contribution be acknowledged as an anonymous donation.**

fax 770-739-1658 info@omosaze.org www.omosaze.org

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