

# CARE KENYA INC.

www.care-kenya.org

## DONATIONS 2007-2008

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ M. \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

PROFESSION \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

	<b>Contribution Level</b>	<b>What your contribution could provide</b>
_____	\$ 30	will treat approximately 20 people with malaria
_____	\$ 50	will screen and diagnose 10 people with TB
_____	\$ 75	will educate and counsel 50 people for HIV/AIDS and TB
_____	\$ 100	will provide preventive services for 100 people
_____	\$ 150	to furnish one examination room
_____	\$ 200	to sponsor a child for a year of school for uniforms, books, supplies and school fees
_____	\$ 500	will provide one month salary to staff three medical professionals
_____	\$ 2,500	To supply clean water to the health centre
_____	\$ 3,000	to purchase a generator
_____	Other	Please specify: _____

DONATION AMOUNT: \_\_\_\_\_

Make Check Payable to: CARE KENYA INC.  
P.O. BOX 13045  
FAIRLAWN, OHIO 44334

To Contact Us:  
CARE KENYA INC. phone: 330-867-6580 OR e-mail: info@care-kenya.org