



DONATION FORM

PLEASE MAIL THE BOTTOM OF THIS FORM WITH YOUR DONATION TO:

Holistica Foundation Inc.
244 Fifth Avenue Suite H231
New York, NY 10001

DONATE ONLINE:
holisticafoundation.org

DONATE VIA PHONE:
347 817 2233

Your donation to Holistica Foundation Inc provides support to make children in Brazil thrive through literacy!

ABOUT HOLISTICA FOUNDATION

Holistica Foundation Inc is a nonprofit organization aiming at alleviating social and economic differences by helping the current poor generation of students to become wealthier compared to their parents. The way we do it is by stimulating the healthy habit of everyday reading. We believe that when someone loves to read, one's perspectives in life become more clear and thus, attainable.

For more information visit
HOLISTICAFOUNDATION.org.

Holistica Foundation Inc is a Section 501(c)(3) charitable organization, EIN 82-3194233.

IMPORTANT:

- For mailed donations, please fill this form out completely and legibly to avoid processing delays.
- All donations are NON-REFUNDABLE and NON-TRANSFERABLE.
- All donations are tax deductible to the extent allowed by law.
- Anyone who includes an email address will receive a receipt via email. Anyone who does not include an email address will receive a receipt via mail.
- We accept check and credit card donations. (Unfortunately, we cannot accept cash donations.) One check per donation form.

1. DONOR CONTACT INFORMATION

FIRST NAME	MI	LAST NAME	COMPANY
MAILING STREET ADDRESS			SUITE/APTO. NO
CITY	STATE	ZIP	COUNTRY
EMAIL ADDRESS	<input type="checkbox"/> I DO NOT WISH TO RECEIVE ADDITIONAL INFORMATION FROM THE HOLISTICA FOUNDATION		

2. DONATION INFORMATION

AMOUNT: \$ _____

CHECK **PLEASE MAKE CHECKS PAYABLE TO THE HOLISTICA FOUNDATION INC.**
 CREDIT (SINGLE PAYMENT) TYPE: AMEX VISA MC DISC

CREDIT CARD NUMBER	EXP. DATE (MO/YR)	CVV #
SIGNATURE FOR CREDIT CARDS		

3. TRIBUTE CARD INFORMATION (OPTIONAL)

IN: HONOR MEMORY (CHECK ONE)

IN HONOR/MEMORY OF NAME	RECIPIENT'S NAME		
MAILING STREET ADDRESS	SUITE/APTO. NO		
CITY	STATE	ZIP	COUNTRY

HOW YOUR NAME SHOULD APPEAR ON TRIBUTE CARD (IE. MR. SMITH, SMITH & CO., SMITH FAMILY)