

SOS CLEAN WATER

REMITTANCE FORM

Name _____

Preferred Mailing Address home work

Address _____

City, State, Zip _____

Preferred Telephone Number home work

Telephone _____

Employer _____

Title _____

Preferred Email _____

Yes, I would like to make a gift of \$_____ to SOS CLEAN WATER.

Check enclosed for \$_____ payable to SOS CLEAN WATER.

Please charge my Visa MasterCard American Express

Card number _____ Expiration Date _____

Name listed on card _____ Security Code _____

\$5,000 \$2,500 \$1,000 \$500 \$250 \$100 Other \$_____

Signature _____

SOS CLEAN WATER sincerely thanks you for your generous gift!

2359 Tullamore Circle
Snellville, GA 30039
M: 404-319-0086
F: 770-934-0415