



**Donation Form
Michael Ekwo Foundation**

Donor details:

Name: _____

Date: ___ / ___ / ___ Address: _____

City: _____ State: _____ Zip: _____

Donation Details: Donation Total _____ Made on (date): ___ / ___ / ___

This donation is in honor of in memory of: _____

please notify this person/their family of this donation at this address:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Method of Payment:

- Enclosed is a check made payable to Michael Ekwo Foundation for the full balance.
- Please charge my credit card: ___ Visa ___ MasterCard (We do not accept American Express.)

Card number	Expiration date	3 digit security code
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Name of card holder exactly as it appears on card	Signature of card holder
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Signed: _____ Date: ___ / ___ / ___

Please Mail To:

Christiana Keleze (Mrs.)
Marketing and Development Coordinator
Michael Ekwo Foundation,
1M Airport Road Ext. Layout
Emene-Enugu
Enugu State, Nigeria
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