

RRF Donation Form

Your contribution today will give these children what they deserve...hope for tomorrow.

Check one: (Please print this form and mail or fax to Robin Raina Foundation office)

Adopt a child in need (\$20/month or \$240/year)

- Supports school fees for the child
- Supports the cost of stationary, books and school bags for the child
- Supports the cost of uniforms
- Supports the cost of normal clothing for the child
- Supports the cost of one lunch meal for the child
- Supports the cost of sports activities and picnics for the child

I prefer: _____ a boy _____ a girl _____ either

OR

Simple Donation

I would like to contribute \$ _____ to be used where needed most

Payment method:

_____ Check _____ Automatic Checking Transaction _____ Credit Card
(Attach check)

Type of Card (Check One): ___ MC ___ Visa ___ AmEx ___ Discover

Acct. # _____ Exp. Date _____

Name on Card _____

Sign to Authorize _____

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____

Home email _____ Work email _____

** RRF will never disclose any personal information to anyone.*

Please mail this donation form, fully filled and signed to:

Robin Raina Foundation
510 Covington Cove
Alpharetta, GA 30022
Email: info@rainafoundation.com