



The Children of Kibale Thank You!!

Fax or send your contribution form to **Kibale Uganda Development Union, Inc.** with your credit card payment information. Fax 407-295-3248

**Kibale Uganda Development Union, Inc.
P.O. Box 2396
Winter Park, FL 32790-2396
Attention: President**

PLEASE PRINT OR TYPE

First Name _____ **Last Name** _____

Billing Address for Credit Card _____

City _____ **State** _____ **Zip Code** _____

Email Address _____ **Phone** _____

Fax _____ **Amount** \$ _____



These credit cards are accepted


Credit Card Payment Information
(All fields are required)

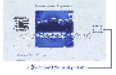
Check (✓) which credit card you are using:

Visa _____ Mastercard _____ American Express _____ Discover _____

Name as it appears on the card _____

Credit Card Number _____ **Security Code** _____

What is the Security code? 3 digits on the right **BACK** of your card  OR

for American Express the 4 digits on the right **FRONT** of card! 

Expiration Date: **Month** _____ **Year** _____ **Signature** _____