

Thank you for your donation to Omosaze, Inc. With your assistance, we can ensure that no child is turned away from receiving remedial reading instruction at *Reading Saturday*.

Personal Information

Prefix: Mr. Mrs. Ms. Miss **Suffix:** Jr. Sr. Other: _____

First Name: _____ **Last Name:** _____

Street Address: _____

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

Phone: _____ **Email Address:** _____

Donation Information

I am making a donation in my own name (see information above).

I am making a donation in my company's name.

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

I am making a donation in honor of:

Name: _____

Occasion: _____

I am making a donation in memory of:

Name: _____

Connection to Omosaze, Inc.: _____

Donation Amount

\$50 \$100 \$250 \$500 \$1000 Other: \$ _____

Note: A donation of \$900 covers the cost of one student to participate in the *Reading Saturday* program for a full year (22 sessions, 66 hours of instruction).

Checks may be addressed to Omosaze, Inc. and mailed to the address listed below.

Donation Acknowledgement

I would prefer that my contribution be acknowledged as an anonymous donation.

