



THE KALONZO MUSYOKA FOUNDATION

DONATION FORM

PART A:

First Name:
Last Name:
Company Name:
Address:
City:
Province/State:
Country:
Postal/ZIP Code:
Phone:
Email:

PART B: (Please Tick Appropriately)

Type of donation: Individual Corporate
Donation / Fund designation:
 Mobile Telemedicine Clinic Project Water Projects & Water Catchments
 Eco-Blocks Project Computers for Schools Projects Environmental Project
 Scholarship / Bursary Fund HIV / AIDS awareness campaign
 Youth Mentorship Program – Leadership Famine Relief IDPs Resettlement
 Culture & Media program Democracy & Human rights program
 Endowment Fund Peace, conflict resolution Program Beekeeping Project
 Malia Children’s Home Project Books Therapeutic Feeding Centre
 Others

PART C:

Amount: * (All funds charged in US dollars or KShs)
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.....
.....
Or Product / Material / Vehicle
.....
.....

BANK NAME: I & M BANK
BRANCH NAME: 2ND NGONG AVENUE
ACCOUNT NAME: THE KALONZO MUSYOKA FOUNDATION
ACCOUNT NUMBER: 00200230741201
SWIFT CODE: IMBLKENA

Signature
Date