

DONATION FORM

I would like to support Ann’s memory with a donation to the Clinica Ana Manganaro:

- \$65.00 birthday remembrance
- \$100.00
- \$25
- \$_____

I would like to continue to contribute: annually quarterly occasionally

- I would like to make a one-time contribution to the film project \$_____
- I would like to promote the documentary when it is finished.



Name _____

Address _____

City _____ State _____ Zip _____ - _____

Home Phone _____ Cell/other phone _____

Email _____

Preferred method of contact: electronic mail



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