



**PLEASE COMPLETE AND RETURN THE FOLLOWING FORM BY FAX, MAIL OR
EMAIL TO CONFIRM YOUR PARTICIPATION**
A portion of all contributions is tax deductible

Give to Colombia
6705 Red Road, Suite 502
Coral Gables, FL 33143
Tel: (305) 669 4630
Fax: (305)675 2946

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone_(____)_____

Email _____

I would like to participate as (type of sponsor) _____

Choose one of the following:

- Enclosed is my check made payable to *Give to Colombia - BeLive* for the amount of \$ _____
- Please charge my credit card for the amount of \$ _____

Name as it appears on card _____

Card number _____

Type: Visa _____ MasterCard _____ Amex _____

Expiration Date _____

Signature _____ Date _____

If billing address is different from above, please
specify _____

-
- I/We cannot attend but enclosed is a \$ _____ contribution.

**FOR FURTHER INFORMATION CONTACT CLAUDIA GIARDINELLA AT
Claudia@givetocolombia.org or (786)-4236770**