

DONATION FORM

Would you like to donate: Money Supplies Your time

Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>	
First Name:	<input type="text"/>	Last Name:	<input type="text"/>		
Street:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Tel:	<input type="text"/>	Email:	<input type="text"/>		

My donation for \$ (Check can be made out to the "Netlink Foundation")

Card holder's Name:	<input type="text"/>	<input type="checkbox"/> Visa
Card Number:	<input type="text"/>	<input type="checkbox"/> Mastercard
Expiration date:	<input type="text"/>	<input type="checkbox"/> American Express

Signature:	<input type="text"/>	Date:	<input type="text"/>
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Please return the form to:

Netlink Foundation, 999 Tech Row, Madison Heights, MI 48071

Email : info@netlinkfoundation.org , Visit : www.netlinkfoundation.org

Thank you for your support...