THE TRIPURA FOUNDATION

Life Without Limitations

Your support liberates others from the bonds of circumstance.

Thank you for making the decision to help someone less fortunate than yourself. Please fill out the form below.

First Name:	
Last Name:	
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Please Charge my donation to my: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

_____ $_____

Account Number (*Most credit cards have 16 digits. American Express has 15.) Amount

_____ _____/_____ (month/year)

Signature Exp. Date

☐ I would like to make a monthly donation of $ _____ charged to my credit card on the 15th of every month.

☐ I would like to receive periodic e-mail updates on the Tripura Foundation's programs and progress. My email address is:

_____@_____._____

Your email address will never be shared with a third party. Emails will be sent sparingly in consideration for your time.

Please make your tax-deductible contribution payable to The Tripura Foundation and return it with this form and mail it to:
432 Allegheny River Blvd., Suite 201
Oakmont, PA 15319