

CONTRIBUTION FORM

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I would like to contribute \$ _____ to LEAD Uganda so an AIDS orphan, former child soldier, or child laborer receives an excellent education and becomes a leader.

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTRY _____

TELEPHONE _____

EMAIL _____

Please send me LEAD Uganda's email newsletter YES___ NO ___

Please make check to: [LEAD Uganda](#)

Mail to:
Stephen Shames
LEAD Uganda
202 Saint Marks Avenue #4
Brooklyn, NY 11238
USA

