



MAIL-IN DONATION FORM

Enclosed please find my donation to **CAMINO AL CAMBIO** in the amount of

\$ _____.

Please indicate which project(s) you would like your donation to support:

_____ General Camino al Cambio Activities

_____ Caminando Juntos: HIV/AIDS Initiative

_____ Salud y Solidaridad Health Center

_____ Crisis Intervention Projects

_____ Wherever it is needed most

DONOR INFORMATION:

Name: _____

Address: _____

City, State: _____

Zip: _____

Telephone: _____

Email: _____

Please print and mail this form along with your donation to:

**CAMINO AL CAMBIO
916 LINCOLN AVENUE
ST. PAUL, MN 55105**

Please email info@caminoalcambio.org with any questions you may have.

Thank you!

Thanks for helping us in our efforts to help street children and youth!