



Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone – Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Email: \_\_\_\_\_

How did you learn about our program:

\_\_\_\_\_

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If you would like your name published or included on our website, please print your name as you would like to see it appear for publication. For example: The Smith Family, Bill Smith, Bill or Anonymous.

Please Print Name here: \_\_\_\_\_

Please send form and your donated items by USPS mail to

Mr. John Kalule  
Engeye Clinic, registered NGO  
PO Box 26592  
Kampala, Uganda

Please include a picture of yourself or group and a personal note if you would like.

Please send any donations in the form of check payable to Engeye Inc., Scholars to:

Engeye, Inc. Scholars  
25 E. Cobble Hill Road  
Loudonville, NY 12211