



BUGANDA TRUST, INC. MEMBERSHIP and CONTRIBUTION FORM

Please print or type the requested information below:

Names _____

Corporation / Agency _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ E-Mail _____

CHOOSE YOUR MONTHLY TAX-DEDUCTABLE MEMBERSHIP CONTRIBUTION

- \$200

- \$50

- \$150

- \$25

- \$100

- \$10

- \$75

OTHER _____

I will pay the above amount every month. Send me details on how to make my monthly contribution.

Email: _____ Telephone: _____

Mailing Address: _____

CONTRIBUTE SEED MONEY:

I have enclosed a check in amount of _____ as seed money.

Make the check in favor of **Buganda Trust, Inc.**

Your Signature _____

Date _____

Mail your form and checks to:

Buganda Trust, Inc.
2560 U.S. Highway 22, STE 112
Scotch Plains, NJ 07076