

KRYSTAL WILLIAMS FOUNDATION SCHOLARSHIP FUND

501(c)(3) Organization

MY CONTRIBUTION



___ \$1000 ___ \$500 ___ \$100 ___ \$50 ___ Other _____

Saving one life t a time, we are breaking the cycle of violent for this generation
and the generation to follow.

___ Monthly Donation of \$ _____
(please make checks payable to the Krystal Williams Foundation)

___ Please send me information about volunteering

___ Please send me a tax donation letter for the year ___ - ___

My Gift is Given:

___ In Honor of _____

___ In Memory of _____

___ Krystal Williams Foundation Scholarship Fund

___ Are you interested in projects to help educate our youth

Name: _____

Address: _____

Address: _____

City: _____

State: _____ Zipcode: _____

Telephone: _____

E-mail: _____

Mail to:

Krystal Williams Foundation
P.O. Box 960592
Riverdale, GA 3096
(770) 603-1835

E-mail: krystalwilliamsfoundation@yahoo.com