



... *A CHILD'S LIFE IS THE PATH...*  
*Preserving Traditional Ways of Indigenous People*

WWW.ANCIENT-WAYS.ORG ~ P.O. BOX 346 SCIO OR 97374 ~ 541-258-8710 ~ ZIMBABWE@ANCIENT-WAYS.ORG

**GREETINGS! Please complete with your full address and email. TATENDA!**

**NAME** \_\_\_\_\_  
**STREET** \_\_\_\_\_  
**CITY/STATE/ZIP** \_\_\_\_\_  
**PHONES** \_\_\_\_\_  
**E-MAIL FOR FIELD REPORTS** \_\_\_\_\_

**YOUR Fully Tax-Deductible Donation (EIN# 93-1158030) MAKES THE DIFFERENCE!**

<b>SPONSOR CHILDREN</b> Preschool to Form 4: Nhimbe (#___) Jangano (#___)	Both (#___) @ \$ 35= ___
BUILD OUR LEARNING OPPORTUNITIES " <b>BOLO</b> " FUND – ADD FOR EACH CHILD ABOVE	(#___) @ \$ 15= ___
Sponsor <b>SPECIAL NEEDS Children:</b> support younger or Advanced students	(#___) @ \$100= ___
Sponsor <b>UNIVERSITY Students:</b> provide bright older students with higher education	(#___) @ \$250= ___
Help build <b>HUTS</b> (#___) <b>TOILETS</b> (#___) or <b>WELLS</b> (#___) for Nhimbe(#___) Jangano(#___)	Both (#___) @ \$200= ___
Help build a fuel-efficient/smokeless <b>STOVES</b> (\$30) & provide fuel tree seedlings (\$10)	(#___) @ \$ 40= ___
<b>EMPLOYEE HARDSHIP AID</b> to provide employees with assistance in extreme times:	ANY AMOUNT HELPFUL = ___
Dedicate <b>DONHODZO HEALTH CENTER</b> to provide help to anyone who comes:	ANY AMOUNT HELPFUL = ___
BUILD OUR LEARNING OPPORTUNITIES " <b>BOLO</b> " FUND TO BUILD A SCHOOL:	ANY AMOUNT HELPFUL = ___
<b>GREATEST NEED: ZIMBABWE</b> (___) <b>EDUCATION</b> (___) <b>FACILITIES</b> (___) <b>HEALTH</b> (___)	ANY AMOUNT HELPFUL = ___
<b>SEND A TEACHER's PACKET</b> with DVDs, PP SLIDE SHOWs, Fundraising IDEAS	ANY AMOUNT HELPFUL = ___
<b>GREATEST NEED ANCIENT WAYS General: Carry Out The Vision</b>	ANY AMOUNT HELPFUL = ___
<b>SUPPORT ANCIENT WAYS AS A MEMBER</b> (\$35 family, \$25 individual, \$15 student)	ANY AMOUNT HELPFUL = ___
<b>THANK YOU FOR YOUR CONTINUED SUPPORT!</b>	<b>PLEASE COMPLETE THIS FORM</b> \$ <input type="text"/>

**PAYMENT OPTIONS:** *Make your check payable to **ANCIENT WAYS**, OR use the form below for a **one-time or automatic continuing donation.** If you would like to enjoy the convenience of automatic billing, please indicate that below and sign the form. All requested information is required. You may cancel an automatic billing authorization at any time by contacting us ... **Tatenda Chaizvo, FOR DOING WHATEVER YOU CAN!***

<b>Credit Card</b> VISA(___) MASTER(___)	<b>Name on Card</b>	<b>Zip</b>
<b>Credit Card #</b>	<b>Expires</b>	(credit card billing address) /
<b>Cardholder's Signature</b>	<b>Date</b>	
<b>Payment Amount \$</b>	<b>ONE TIME</b> (___) For This Amount Only OR, <b>REOCCURRING:</b> Monthly(___) Quarterly(___) Semi-Annually(___) Annually(___)	<b>THANK YOU</b>
<b>ONE TIME Purchase Amount of \$</b>	<b>to be added to this transaction.</b>	

**Zimbabwe** ~ 2008 **FOCUS: HEALTH & EDUCATION**

The children & families thank you for this empowerment opportunity!  
**HEALTH IS THE FOUNDATION, EDUCATION IS PROSPERITY, BELIEF IS CHANGE... YOU give them HOPE!**