

# The Joshua Foundation Donation Form

Please complete this form and print it, then  
mail it with your check or credit card information to:

The Joshua Foundation  
1552 Barrington Dr.  
Wexford, PA 15090

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

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

City, State & Zip: \_\_\_\_\_

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

Total Amount of Check or Credit Card: \_\_\_\_\_

If Credit Card, Select Type Here \_\_\_\_\_

If Credit Card, Enter Number Here \_\_\_\_\_

If Credit Card, Enter Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

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