Contribution Information

Name & Last Name:
Address:
City:
Telephone:
ZIP / Postal Code:
State/Province:
Country:

**Please fill out all the above as required information

Contribution

- Monthly payments: $10, $20, $30, $40, $50, $100
- One Time payment: Fill in amount $ ____________
- Check/Cheque: # ____________ Make Check payable to ESAT
- Money Order: # ____________ Make Check payable to ESAT
- Credit Card

Cardholder Name
Credit Card Number
Expiration Date
Cardholder Address
City:
ZIP / Postal Code:
State/Province:
Country:

**Please fill out all fields as we can’t charge your credit card with incomplete information

- Yes, I authorize ESAT to charge my credit card the amount and Payment Frequency I have chosen.

Card Holder Signature

After you fill out your form you can send the form to ESAT by two ways

1. Hand your form to an ESAT Representative near you. To find one near you call 1888-772-ESAT(3728), or
2. Mail your form, our mailing address is ESAT Ethiopian Satellite Television
   P. O. Box 11261
   Alexandria, VA
   22312 USA

If you would like to donating materials useful to ESAT or which can be sold to the benefit of ESAT please contact an ESAT representative in your city or call 1888-772-ESAT(3728)

ESAT Office Use Only (don’t use)

<table>
<thead>
<tr>
<th>Entry Day</th>
<th>Contributor ID</th>
<th>Entered BY</th>
<th>Cheque #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>