

If you are coming to help me,
you are wasting your time.

But if you are coming because your
liberation is bound up with mine,
then let us work together.

Indigenous Elder



Pachamama Alliance

P.O. Box 29191 San Francisco, CA 94129 +1 415 561 4522

pachamama.org

100% post-consumer recycled, chlorine-free, and carbon neutral.



**Pachamama
Alliance**

The Mission of the Pachamama Alliance

To empower indigenous people of the Amazon rainforest to preserve their lands and culture and, using insights gained from that work, to educate and inspire individuals everywhere to bring forth a thriving, just and sustainable world.

Yes, I declare my partnership

Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Company/Organization _____

Pachamama Alliance is tax exempt under Section 501(c)(3) of the Internal Revenue Code.
Pachamama Alliance tax I.D. number is 94-3249793

Sustainable Gifts

Stewardship Circle — I will invest:

- \$100,000 per year for 5 years • **ShapeShifter**
- \$50,000 per year for 5 years • **DreamChanger**
- \$25,000 per year for 5 years • **Visionary**
- \$10,000 per year for 5 years • **Shaman**
- \$5,000 per year for 5 years • **Warrior**

I will make my first investment of \$_____ today or by ___/___/___

Vision Keeper — I will invest \$1,000 to \$4,999 per year for 5 years:

- \$_____ per year for 5 years

I will make this investment: annually monthly

I will make my first investment of \$_____ today or by ___/___/___

Global Citizen — I will make a monthly investment of:

- \$25/month \$50/month \$75/month Other \$____/month
- Increase my current monthly gift by \$_____/month

Automatic payments may be stopped at any time by notifying Pachamama Alliance

One-Time Gifts

- I am making a one-time contribution of \$_____
- Contribution enclosed I will contribute by ___/___/___

Payment Information

- Check
 - For monthly donations, use the enclosed check to transfer funds from my checking account
- Cash Wire/Stock — *Please contact me*
- Credit/Debit card:

NUMBER _____

NAME ON CARD _____

_____/_____
EXPIRATION DATE

ZIP CODE

CVV NUMBER

- My company will match my contribution — *Please contact me*

Signature _____ Today's Date ___/___/___