

# Foundation for Inner Peace Adopt-A-Language Program Donation Form

**YES!** I want to support the Adopt-A-Language Program.  
Please accept my tax deductible donation in the amount of

\$

To support the translation of *A Course in Miracles* into:

<input type="checkbox"/> Afrikaans	<input type="checkbox"/> German	<input type="checkbox"/> Portuguese
<input type="checkbox"/> Bulgarian	<input type="checkbox"/> Greek	<input type="checkbox"/> Romanian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Russian
<input type="checkbox"/> Croatian	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Slovene
<input type="checkbox"/> Czech	<input type="checkbox"/> Italian	<input type="checkbox"/> Spanish
<input type="checkbox"/> Danish	<input type="checkbox"/> Japanese	<input type="checkbox"/> Swedish
<input type="checkbox"/> Dutch	<input type="checkbox"/> Korean	<input type="checkbox"/> All Translations
<input type="checkbox"/> Finnish	<input type="checkbox"/> Norwegian	<input type="checkbox"/> Special Request Translation (below)
<input type="checkbox"/> French	<input type="checkbox"/> Polish	<input type="text"/>

## Donor Information

Note: Please make sure the address is the billing address of your credit card

Email	<input type="text"/>	
First Name	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
City	<input type="text"/>	<input type="text"/>
State/Province	<input type="text"/>	
Zip/Country Code	<input type="text"/>	
Country	<input type="text"/>	

## Payment Method

Visa       MasterCard       Check/Money Order (US Funds only)

Card Number	<input type="text"/>	
Expiration Date	<input type="text"/>	<input type="text"/>
Security Code on back	<input type="text"/>	

## Mail completed form and donation to:

Foundation for Inner Peace  
PO Box 598  
Mill Valley, CA 94942-0598

***Thank you!***