

# SUPPORT AFGHAN ORPHANS

**Decades of war have left thousands of Afghan children orphaned.** International aid groups estimate 35,000 children live in the streets of Kabul, Afghanistan - 7,000 of them girls. In a recent survey, 72 percent of children experienced the death of a family member in the past four years - a parent in the case of 40% of them. Nearly all the children surveyed have witnessed acts of violence during the fighting; two-thirds of them dead bodies or parts of bodies and nearly half saw people killed during rocket and artillery attacks. Afghan children are among the most neglected children in the world.



A dormitory in a RAWA orphanage. 8 children share a room 4 on these beds and 4 on the floor.

For the past two decades, the Revolutionary Association of the Women of Afghanistan (RAWA) has run scores of orphanages for Afghan children. RAWA's orphanages provide children with education, clothing, shelter, medical care and other necessities. Due to lack of funds there are many thousands of orphans that cannot be accepted. **Your help is needed to help keep RAWA's orphanages open and accept more orphans under their care.**

The *Afghan Women's Mission* is a US-based organization working in collaboration with RAWA.

**Help us support Afghan orphans by making a pledge or donation earmarked for Orphanages.**

*The Afghan Women's Mission aims to empower Afghan women by improving the education and health facilities of Afghan refugees, many of whom are women and children.*

**web: <http://www.afghanwomensmission.org>  
email: [info@afghanwomensmission.org](mailto:info@afghanwomensmission.org)**

We greatly appreciate your donation for orphanages for Afghan children. Please fill out this form and mail it along with your check or credit card information to The Afghan Women's Mission, 2460 N Lake Avenue, PMB 207, Altadena, CA 91001, USA. *Your donation is tax deductible to the extent of the law.*

**DONOR INFORMATION** Please Print Clearly

Name (first, m.i., last) \_\_\_\_\_

**Mailing Address**

street address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

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

Telephone \_\_\_\_\_

**AMOUNT OF DONATION**

\$20  \$50  \$100  \$200  \$500  \$1000

Other \$ \_\_\_\_\_

I wish to be a regular donor - please mail me a pledge form.

**CHECKS**

Please make checks payable to: "IHC/Afghan Women's Mission"

**CREDIT CARDS**

Type of Credit Card:

Visa  Mastercard  Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

Billing Address  same as mailing address

street address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_