

**STATEMENT RE GIFT AND RECEIPT FOR GIFT TO
AMR MOHSEN LEGAL DEFENCE FUND IRROVACABLE TRUST**

Donor's Name: _____

Donor's Mailing Address: _____

Phone Number: _____ **e-mail Address:** _____

**I hereby voluntarily make a gift of \$ _____ to AMR MOHSEN LEGAL DEFENCE
FUND IRREVOCABLE TRUST (Ehab Mohsen Trustee) dated July 7, 2006.**

**This Gift is from my personal funds and resources. I certify that no part of this gift is
from funds belonging to Amr Mohsen.**

Dated: _____ **Donor's Signature:** _____

**Received by Ehab Mohsen, Trustee, AMR MOHSEN LEGAL DEFENCE FUND
IRREVOCABLE TRUST, a gift of \$ _____ from**

_____ **for said legal defense fund.**

Dated: _____ **Signature:** _____

Ehab Mohsen, Trustee

**Please make your check payable to AMR MOHSEN LEGAL DEFENCE FUND
IRREVOCABLE TRUST**

Please mail this form along with your donation to:

**Dr. Magda Metwally
131 Rose Court, Apt. 5
Campbell, CA 95008**