



1350 Remington Road, Suite A, Schaumburg, IL 60173 www.tcfusa.org
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PLEDGE FORM

- I would like to make a tax deductible donation of \$ _____
 I would like to pledge \$ _____ (donation not enclosed at this time – please contact me)

Please allocate my donation as checked below.

ALLOCATED DONATIONS

<input type="checkbox"/> Build-a-School (Primary)	110,000 **
<input type="checkbox"/> Build-a-School (Secondary)	230,000 **
<input type="checkbox"/> School Van	7,000
<input type="checkbox"/> Computer Lab (Secondary)	6,500
<input type="checkbox"/> Stock-a-Library (Primary)	850
<input type="checkbox"/> Stock-a-Library (Secondary)	1,250
<input type="checkbox"/> Support-a-Primary School (annual)	16,000
<input type="checkbox"/> Support-a-Secondary School (annual)	27,500
<input type="checkbox"/> Educate-a-Child (monthly/annual)	15/180
<input type="checkbox"/> Educate-a-Child (K through grade 10)	1,700
<input type="checkbox"/> Scholarship for college vocational training	Any amount (minimum \$150)
<input type="checkbox"/> Education Fund	Any amount
<input type="checkbox"/> Zakat Fund	Any amount
<input type="checkbox"/> Endowment Fund	Any amount
<input type="checkbox"/> Other – please specify	Any amount

Note: School donors are requested to provide 3 years operating support:
 * Primary \$52,000
 ** Secondary \$90,000

DONOR INFORMATION Please provide complete information – *thank you.*

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone: Day (____) _____ Eve. (____) _____ Cell (____) _____
 Email _____

PAYMENT OPTIONS

- A. Check for \$ _____ is enclosed, made to **The Citizens Foundation, USA.**
 Charge my **credit card** (Please provide complete information and sign authorization in section C below).
- B. **RECURRING MONTHLY DONATIONS** – (by credit card or from your checking account)
 I would like to make a donation of \$ _____ every month by automatic **Electronic Funds Transfer** from my checking account. I am enclosing my first monthly payment and a voided check.
I authorize the donation amount to be automatically deducted from my checking account on the day of each month. This authorization shall remain in effect until I cancel by notifying my bank or TCF-USA, in writing.

Signature and Authorization for automatic transfer from bank account **Date**
- I would like to make a donation of \$ every month **by credit card.** (Provide information in section C).
- C. **CREDIT CARD AUTHORIZATION** VISA MasterCard Discover American Express
 Card no. Expiration date Security Code

Signature & Authorization for credit card **Date**