



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

- [ ] Build-a-School (Primary) + 3 years of support 169,000
[ ] Build-a-School (1- unit Secondary) + 3 years of support 175,000
[ ] Build-a-School (2- unit Secondary) + 3 years of support 349,000
[ ] Stock-a-Library (Primary) 850
[ ] Stock-a-Library (Secondary) 1,250
[ ] Support-a-Primary School (annual operating cost) 13,750
[ ] Support-a-Secondary School (annual operating cost) 23,750
[ ] Support-a-Primary School (10 years operating cost) 137,500
[ ] Support-a- 2 unit Secondary School (10 years operating cost) 237,500
[ ] Educate-a-Child (monthly / annual) 10 / 120
[ ] Educate-a-Child (K-10th grade) 1,375
[ ] Scholarship for college / vocational training Any amount (minimum 150)
[ ] Textbooks (for a classroom for 1 year) 130
[ ] Uniforms (for a classroom for 1 year) 130
[ ] Education Fund Any amount
[ ] Zakat Fund Any amount
[ ] Endowment Fund Any amount
[ ] Other Project: please specify ----- Any amount

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

October 2009