

The Afghan Women's Mission

PLEDGE AGREEMENT



رسالت برای زنان افغانستان

Thank you for your pledge. Please return completed form to:

The Afghan Women's Mission
2460 N. Lake Avenue, PMB 207
Altadena, CA 91001 USA

SECTION A: DONOR INFORMATION

Name: _____ Spouse's Name: _____
Address: _____ Phone: Home _____ Work _____
Country: _____ Email Address: _____

SECTION B: BUSINESS INFORMATION

Name: _____ Title: _____
Address: _____ Phone: _____ Fax _____
Country: _____ Email Address: _____

SECTION C: PLEDGE INFORMATION

Please allocate my pledge of \$ _____ to

- Teacher Sponsorship Health Care
 Orphanages Emergency Relief
 Where Most Needed Awareness Building

My gift will be matched by _____ my employer my spouse's employer

(Please obtain form from company and submit to The Afghan Women's Mission for completion)

SECTION D: PAYMENT INFORMATION

The payment schedule I prefer is:

- monthly payments of \$ _____
 One time donation of \$ _____

My preferred method of payment is:

- Check made payable to IHC/Afghan Women's Mission
 _____ shares of _____ stock
 Charge my Visa MasterCard Discover/Novus American Express

Name on Card: _____ Number: _____

Signature: _____ Expiration Date: _____ / _____ / _____

SECTION F: SIGNATURE

Signature: _____ Date: _____ / _____ / _____

Printed Name: _____

Thank you for your Commitment!