

# The Afghan Women's Mission PLEDGE AGREEMENT



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

**The Afghan Women's Mission**  
260 S. Lake Avenue, PMB 165  
Pasadena, CA 91101  
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  Fund for Malalai Hospital  
 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 \$ \_\_\_\_\_  
 quarterly payments of \$ \_\_\_\_\_  
 annual payments of \$ \_\_\_\_\_  
 One time donation of \$ \_\_\_\_\_

My preferred method of payment is:

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

Name on Card: \_\_\_\_\_ Number: \_\_\_\_\_  
Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## SECTION E: REMINDERS

I would like to be reminded by  email  regular mail

## SECTION F: SIGNATURE

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Thank you for your Commitment!