



Village Investment Partner program Monthly donation program

Your Name: _____

Pledge Amount

- | | |
|---|---|
| <input type="checkbox"/> \$25 per month (\$ 300 a year) | <input type="checkbox"/> \$125 per month (\$1,500 a year) |
| <input type="checkbox"/> \$50 per month (\$ 600 a year) | <input type="checkbox"/> \$200 per month (\$2,400 a year) |
| <input type="checkbox"/> \$75 per month (\$ 900 a year) | <input type="checkbox"/> \$250 per month (\$3,000 a year) |
| <input type="checkbox"/> \$100 per month (\$1,200 a year) | <input type="checkbox"/> Other monthly amount of \$_____ |

Please charge my Visa MasterCard

Account _____ - _____ - _____ - _____ Exp Date ____ / ____

V-Code (3-digit security code on the back of the card) _____

Cardholder Name _____

Cardholder Billing Address _____

City _____ State _____ Zip Code _____

Terms of agreement

My authorization to withdraw my monthly gift from the account indicated shall remain in effect until I notify Africa Bridge that I wish to change it or end it, and Africa Bridge has ample time to act on my wishes. I understand that if I chose EFT, my contribution will be processed on the 20th of each month, or the next business day. A record of each payment will appear on my monthly credit card or bank statement and will serve as my receipt. (You must agree to these terms of agreement to continue.) I agree

Signature _____

Date _____

One-time gift: My initial pledge payment of \$_____ is enclosed (suggested minimum \$100)

Sign Up online! Easy. Quick. Secure. www.africabridge.org click on **Help Now**

Africa Bridge

PO Box 115

Marylhurst, OR 97036

If you have any questions, please call (503) 699-6162