



South American Initiative

Pledge Form

Donor Information

Name _____
Company _____
Billing Address _____
City, ST Zip Code _____
Phone 1 / Phone 2 _____
Email _____
Date _____

Pledge information

I (we) pledge a total of \$ _____ to be paid: _____ monthly quarterly yearly

I (we) plan to make this contribution in the form of: cash check Credit card other

Credit Card type / Exp. Date _____
Credit Card Number _____
Authorized signature _____

Gift will be matched by (company/family/foundation) _____

Acknowledgement Information

Please use the following name(s) in all acknowledgement _____

I (we) wish to have our gift remain anonymous

Signatures

Date

Please make checks, corporate matches, or other gifts payable to: South American Initiative

Once the donation is received by our organization. South American Initiative will issue a tax receipt as a non-profit and 501 (c) (3) Organization EIN: 81-7147993. In case of the need of the form W-9, let our personnel know.

