



Pledge Form

Guatemalan Student Support Group

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Pledge Information

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

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

Credit card type	
Credit card number	
CVN Number	
Expiration date	
Authorized signature	

Gift will be matched by _____ (company/family/foundation).
____ form enclosed ____ form will be forwarded

Signature(s)
Date

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

Guatemalan Student Support Group
PO Box 90
Morrisville, NC 27560