



PLEDGE FORM

Akwa Ibom State Association of Nigeria (USA) Inc.

Donor Information (please print or type)

Name _____

Billing address _____

City, ST Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Payment Information

Credit card type | Exp. date _____

Credit card number

Authorized signature

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

form enclosed form will be forwarded

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.

Acknowledgement

Please use the following name(s) in all acknowledgements:

 I (we) wish to have our gift remain anonymous.

Signature(s):



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