
ECO-CHALLENGE PLEDGE FORM

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

PLEDGE

I pledge \$_____ toward PROJECTZAWADI's *Eco-Challenge*.

I would like to pay my pledge in: *(check one of below)*

One (1) payment which I am making now or which I will pay on or about _____.

_____ equal payments which I will make on _____, 20____, _____, 20____ and _____, 20____.

We request that you fulfill your pledge by June 30, 2017.

EMPLOYER MATCH

My employer _____ will match my gift.

METHODS OF DONATION

Check(s) made payable to Project Zawadi Inc. and mailed to 253 Duke Street, Saint Paul, MN 55102

Credit Card (see authorization form below) – for one time payments only.

Please return this form to:

Vicki Dilley, Program Director

Mail: 235 Duke Street, Saint Paul, MN 55102

Fax: 866-855-0434

Email: donate@projectzawadi.org

AUTHORIZATION FOR ONE TIME CREDIT CARD DONATION

Amount \$ _____ Visa Master Card

Card # _____

Exp. Date _____ CSC (3 digit security #) _____

Signature _____