



Help Them Grow

Pledge Form

*Name (First) _____ (Last) _____
*Email _____
*Address _____
*City _____ *State _____ *ZIP _____ Telephone _____
Company Name _____ Company matches donation (Y/N)? _____
* - denotes mandatory field

To authorize payments directly from your bank account or credit card, please complete the fields below.

Authorization Agreement for Automated Monthly Payments

I (we) hereby authorize Vibha to automatically debit my (our) Bank Account / Credit Card on a monthly basis starting ___/___/20___ for the amount of

- \$100 (funds a teacher's salary)
- \$75 (funds a non-formal education center attended by 25 children)
- \$30 (funds education and health care of a mentally challenged child)
- \$20 (funds the education, health care and shelter for a child)
- Other \$ _____

Amount in words: _____ dollars and _____ cents

- Bank Account Details (If you chose payments from your bank account, US banks only)

Bank Name _____

Transit/Routing/ABA Number _____ Account Number _____

- Credit Card Details (if you chose credit card based payments)

Credit Card Number _____

Expiration Date (mm/dd/yyyy) ___/___/_____ Credit Card Type (circle one) Visa / MasterCard / Discover / Amex

Donor's Name _____ Signature _____ Date _____

Donor's Name _____ Signature _____ Date _____

(in case of joint account or if you file tax returns jointly)

Please mail filled out forms to
Vibha
1030 E El Camino Real
Sunnyvale
CA 94087

For more information about Vibha, visit <http://www.vibha.org> or write to info@vibha.org
For more information about Help Them Grow - Automated Donation Program, visit <http://www.vibha.org/htg> or write to htg@vibha.org

Vibha is a 501 (c) (3) organization registered in the state of New Jersey. Vibha's tax id is 22-3122761. All donations to Vibha are tax exempt in the US.