

# Pledge Form

## The Africa-America Institute

### Donor Information (please print or type)

Name \_\_\_\_\_  
Billing address \_\_\_\_\_  
City, ST Zip Code \_\_\_\_\_  
Phone 1 | Phone 2 \_\_\_\_\_  
Fax | Email \_\_\_\_\_

### 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 | Exp. date \_\_\_\_\_

Credit card number \_\_\_\_\_

Authorized signature \_\_\_\_\_

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

form enclosed form will be forwarded

### Acknowledgement Information

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

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

Signature(s)

Date

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

**The Africa-America Institute**  
**420 Lexington Avenue, Suite 1706**  
**New York, NY 10170-0002**  
**Tel: +1.212.949.5666 Fax: +1.212.682.6174**  
[www.aaionline.org](http://www.aaionline.org)

**Email form to: [bmginley@aaionline.org](mailto:bmginley@aaionline.org)**