Ekal Vidyalaya Foundation of USA

4023 Westhollow Parkway,
Telephone (281) 668-5252Suite 108,
Fax (281) 668-5493
Tax Exempt Organization ID: 77-0554248



Pledge Card

(Please PRINT Clearly)

Please make checks payable to "Ekal Vidyalaya Foundation of USA"

Previous Donor: Yes / No

lf y	yes,	please provide yo	ur Sponso	r Number:			
Na	me:						
Sp	ous	e Name:					
		ss:					
Cit	ty:						
State:		Zip Code:					
Tel(*H		<mark>ome)</mark>)(Work)		(Cell)	(Cell)	
*E	-Mai	il:					
General Donation: []\$25.00 []\$50.00 [] \$100.00 [] \$250.00 []\$ School Support Information for one year:						.00 []\$	
		One School	\$365		5	\$730	
		Three Schools	\$1,095		S	\$1,825	
-1		Ten Schools	\$3,650		Schools X \$365 =	= \$	
		My company will match my donation. Company Name:					
		Check Enclosed	Che	eck #	_ Check amount		
		Credit Card:	AMEX / C	DISCOVER / MAS	TERCARD / VIS	A	
		Credit Card #			Exp. Date :	CVV#	
		Exact Name Shown on Credit Card:					
		Signature for Credit Card			Date:		
In honor of / on the happy occasion of							

*Note: In order to process credit card E-mail and Home phone number required.