



# Help Them Grow

## Pledge Form

NAME \_\_\_\_\_ AMOUNT \_\_\_\_\_  
EMAIL \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
COMPANY NAME \_\_\_\_\_ COMPANY MATCHES DONATIONS (Y/N)? \_\_\_\_\_

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 \_\_\_/\_\_\_/2005 for the amount of :  \$15  \$25  \$50  \$75  \$100  \$200  Other \$\_\_\_\_\_.00

In words: Dollars \_\_\_\_\_ and 00 cents.

Bank Account Details (US bank only)

BANK NAME \_\_\_\_\_

TRANSIT/ROUTING/ABA NUMBER \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

Credit Card Details (if you choose a Credit Card Debit)

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRE DATE \_\_\_/\_\_\_/\_\_\_ CREDIT CARD TYPE : Visa / Mastercard / Discover / Amex

In addition, I (we) authorize Vibha to make a **one time** deduction of \$\_\_\_\_\_.

(I understand that this one-time deduction will not be repeated later).

DONOR'S NAME(S) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DONOR'S NAME(S) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

Dream a little. Do a little.

Help Them Grow.

<http://www.vibha.org>

Please mail the form, signed and dated, to:

Vibha,  
1030 E. El Camino Real, #424  
Sunnyvale,  
CA 94087.

All donations made through *Help Them Grow* benefit child development projects supported by Vibha.

For more information on **Vibha** or *Help Them Grow*, visit our website or email us at [info@vibha.org](mailto:info@vibha.org).

Vibha is registered as a non-profit organization in the US, with tax-exempt status under section 501(c)3 of the Internal Revenue Code.

Vibha will send you a receipt for any donation above \$10.