



# CHARITABLE DONOR / PLEDGE FORM

Donor Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

*By signing below, I / we are committing to the following donation/pledge to the Reggae Girlz Foundation, Inc.*

I / we pledge a total of \$\_\_\_\_\_ to be paid:  Now  Weekly  Monthly  Yearly

**To Be Used For:**  General Fund  Education/Outreach  Grassroots Efforts  Scholarships  
(Check all that  Grants  Jamaica Women's National teams ( U15  U17  U20  Sr. Women)  
apply)  Other \_\_\_\_\_

**Notes:** \_\_\_\_\_

## PAYMENT INSTRUCTIONS

- I am fulfilling the entire pledge at this time.
- I will pay the entire pledge on or before \_\_\_\_\_ (Please send me an invoice 2 weeks prior)
- I would like to be billed in \_\_\_\_ installments of \$\_\_\_\_\_ beginning on \_\_\_\_\_  Weekly  Monthly
- Check enclosed (payable to Reggae Girlz Foundation, Inc.)
- Please charge my:  Visa  Mastercard  American Express  Discover  
Card Number \_\_\_\_\_ Expires \_\_\_\_\_ CVV Code \_\_\_\_\_  
Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_
- Other method of payment (ex: PayPal) \_\_\_\_\_

## ACKNOWLEDGEMENT INFORMATION

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

I / we wish to have our gift remain anonymous.

## CONFIRMATION

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please forward completed form and payment to:**

Reggae Girlz Foundation, Inc.  
P.O. Box 185, Jupiter, FL 33468  
Email: [info@reggaegirlzfoundation.com](mailto:info@reggaegirlzfoundation.com)

