



AFRICA'S CHILDREN'S FUND

Pledge Form

Lifting Hands to SAVE Africa's Orphans

Donor Information (please print or type)

Name	
Billing Address	
City, State, Zip Code	
Home Phone	
Office Phone	
Cell Phone	
Fax	
E-Mail	
Child/Age Preference	<input type="checkbox"/> None <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Age

Pledge Information

I (we) pledge a total of \$ _____ to be paid:
 one time donation monthly(**\$30**) quarterly(**\$90**) yearly(**\$360**)

I (we) plan to make this contribution in the form of:
 cash check credit card other

Credit card type	Credit card number
Expiration date	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:

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

Signature(s):	Start/End Date(s):
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Please make checks, corporate matches, or other gifts payable to:

Africa's Children's Fund, Inc.
 4470 Chamblee-Dunwoody Road, Suite 440
 Atlanta, Georgia 30338
 Office: 770-465-6610
 Fax: 770-413-1350
 Email: acfinfo@africaschildrensfund.org
 Web: www.africaschildrensfund.org



"The worst thing we can do is to raise the HOPE of the children and then walk away"...V.Mbaba

100% of all contributions will support the AIDS-Orphans Project. ACF is a 501 (c) 3 nonprofit corporation