



# AFRICA'S CHILDREN'S FUND

*"A Dollar Makes A Difference"*

## Group Pledge Form

*Saving Children to Heal the World*

Organization/School Name	
Address	
City, State, Zip Code	
Fax Number	
Primary Contact's Name	
Contact's Phone	
Contact's Email	

We pledge to sponsor children through a **one-time donation drive** to raise a total of \$ \_\_\_\_\_

**Start date:** (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_

**End date:** (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_

We pledge sponsorship, but would like to **donate periodically** for a total of \$ \_\_\_\_\_ through:  
(please check one) monthly \_\_\_\_\_ quarterly \_\_\_\_\_ semi-annual \_\_\_\_\_ collections.

We plan to make this contribution in the form of (please check one):

cash \_\_\_\_\_ check \_\_\_\_\_ credit card \_\_\_\_\_ on-line payment (through PayPal) \_\_\_\_\_

Credit card type	Credit card number
Expiration date	Authorized signature

Gift will be matched by the \_\_\_\_\_  
company/family/foundation and the gift-matching form should be  
forwarded to the following address:

(Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Please make checks, corporate matches or other gifts payable to  
**Africa's Children's Fund, Inc.**



Contact's Signature :
Today's Date :

**Africa's Children's Fund will contact you to begin the  
sponsorship drive following receipt of this pledge form**

**Thank-you for your support**

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