



THE CITIZENS FOUNDATION



1350 Remington Road, Suite A, Schaumburg, IL 60173

www.tcfusa.org

Phone: 1-877-4TCF-USA (472-3872) Fax: 1-877-472-3872 Email: contact@tcfusa.org

- I would like to make a tax deductible donation of \$ \_\_\_\_\_
- I would like to pledge \$ \_\_\_\_\_ (donation not enclosed at this time – please contact me)

US Dollars

Amount (USD)

Educate-a-Child

- 10  1 Month
- 130  1 Year
- 1,380  KG - Matric

Donate Text books/Uniforms for a class

- 130  1 Year

Support-a-School (1 year)

- 13,800  Primary
- 23,800  Secondary (dual)\*

Build-a School & Support (3 yrs)

- 120,000 + 48,800  Primary
- 131,250 + 43,150  Secondary (single)
- 262,500 + 86,300  Secondary (dual)\*

Please Note

- \*For cost efficiency, secondary schools are built as dual units. However donors can build or support single units also at 50% of the cost.
- Construction costs are average for current build cycle of 2010-2011. Rates vary for different locations or build cycles and are subject to revision based on cement and steel prices. These are average construction costs. Any deficit /surplus is adjusted by the general construction budget.
- Each Build-a-School Project can be taken up only with the provision of school support for three years.
- All construction in the earthquake zone will need to take into account special earthquake resistant architecture.

DONOR INFORMATION Please Provide Complete Information - thank you.

Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

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

Tel. (office) \_\_\_\_\_ Tel. (Home) \_\_\_\_\_ Mobile \_\_\_\_\_

Payment Options:

A Check for \$ \_\_\_\_\_ is enclosed, made to The Citizens Foundation, USA.

Charge my credit card (please provide complete information and sign authorization, section C).

B Recurring (Monthly) Donations

I would like to make a donation of \$ \_\_\_\_\_ every month by automatic Electronic Funds Transfer from my checking account. I am enclosing my first monthly payment and a voided check.

I authorize the donation amount to be automatically deducted from my checking account on the ..... day of each month. This authorization shall remain in effect until I cancel by notifying my bank or TCF-USA, in writing.

Signature and Authorization for automatic transfer from bank account

Date

I would like to make a donation of \$ \_\_\_\_\_ every month by credit card.

I HAVE SIGNED the authorization and provided the credit card information in section C.

CREDIT CARD - Please charge my credit card:  Visa  MasterCard  Discover  American Express

Credit Card No:

Expiry Date

-     -

(and thereafter renewed on the card)

/

month year

Signature and Authorization for automatic transfer from bank account

Date