



# Vishwa Hindu Parishad of America, Inc. (World Hindu Council of America)

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## Pledge Card (Please PRINT Clearly)

Please make checks payable to **"VHPA, Support A Child"**

Previous Donor: Yes / No

If yes, please provide your Sponsor Number: \_\_\_\_\_

Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel (\*Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

\*E-Mail: \_\_\_\_\_

### Please give following information:

State preference: \_\_\_\_\_

Child Preference:      Boy              Girl

### Number of children supported:

- One Child              \$250               Two children      \$500
- Three Children      \$750               Five Children      \$1,250
- Ten Children          \$2,500               \_\_\_\_\_ children X \$250 = \$ \_\_\_\_\_
- \$2,500 one time donation for 12 years to support one child.
- My company will match my donation. Company Name: \_\_\_\_\_
- Check Enclosed              Check # \_\_\_\_\_      Check amount \_\_\_\_\_
- Credit Card:              AMEX / DISCOVER / MASTERCARD / VISA
- Credit Card # \_\_\_\_\_      Exp. Date : \_\_\_\_\_      CVV# \_\_\_\_\_
- Exact Name Shown on Credit Card: \_\_\_\_\_
- Signature for Credit Card \_\_\_\_\_      Date: \_\_\_\_\_

- In honor of / on the happy occasion of \_\_\_\_\_