



## DONATION FORM

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

Address: \_\_\_\_\_  
(City) (State) (Zip Code)

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
(required for CC gifts)

### DONATION AND PLEDGE INFORMATION

I (we) pledge a total of \$\_\_\_\_\_ to be paid:  
\_\_\_\_ Now    \_\_\_\_ Monthly    \_\_\_\_ Quarterly    \_\_\_\_ Yearly

Please fill out the following for credit card gifts:

Credit Card # \_\_\_\_\_ CVV code \_\_\_\_\_

Expiration date (mo./yr.) \_\_\_\_\_  check here to make this a monthly gift

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

*If you are considering other types of donations, please contact our office at: 203-803-1564*

### ACKNOWLEDGEMENT INFORMATION

*All donations are kept confidential.*

*We do not publish the names of our donors, nor do we sell or share our mailing list.*

\_\_\_\_ I (we) prefer **NOT** to receive a written acknowledgement

Please make CHECKS payable to Courage International, Inc. and mail this form along with your check to the address below.

*Whatever you can give will be deeply appreciated. God bless you for your generosity!*