



Agros Pledge Commitment

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Home Phone # _____ Work Phone # _____

Pledge:

For project/village _____ OR area of greatest need

I would like to pledge a total of \$_____ over _____ years (number of years):

I will make (monthly / quarterly / yearly) (circle one) payments of \$_____

My pledge will begin _____ and end _____
mo/yr mo/yr

I would like to make a one-time gift of \$_____ date _____
mo/yr

Method of Payment:

Pay by check. My check is included. (*Make checks payable to: Agros International*)

Pay by automatic withdrawal (ACH/EFT) from my checking account. Please find my voided check attached. Make withdrawal on _____ day of the month/quarter/year.

I would like to make a gift of stock. Please contact me with more information

Pay by credit card: Visa MasterCard American Express Discover

Card # _____

Expiration Date _____

Name on Card _____

Signature _____

I pledge the above amount to help restore hope and opportunity to the world's poor.

Signature _____ Date _____

Agros International is a 501(c)(3) nonprofit organization. Your contribution is tax-deductible to the extent allowed by law.