

Thank you for your interest in supporting SIL LEAD's efforts around the world. Use this form to make one-time or recurring donations via direct deposit (ACH) or credit card. This form may also be used to make a one-time donation via check. Note that credit card donations incur additional costs to SIL LEAD. You may select a specific cause to support from the list provided. SIL LEAD is committed to honoring your preferences for all established SIL LEAD projects. However, in the event that a project is retired or fully funded, the donated funds will be allocated to another similar project or to SIL LEAD's general fund for work with community-based language projects.

Name(s) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_  
State / Province \_\_\_\_\_ Zip Code / Postal Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

Please add me to SIL LEAD's mailing list.

\_\_\_ I would like to make a Recurring Gift as a: \_\_\_ Monthly Gift \_\_\_ Quarterly Gift

\_\_\_ Semi-Annual Gift \_\_\_ Annual Gift

Process my gift on the: \_\_\_ 1<sup>st</sup> \_\_\_ 5<sup>th</sup> \_\_\_ 10<sup>th</sup> \_\_\_ 15<sup>th</sup> \_\_\_ 20<sup>th</sup> \_\_\_ 25<sup>th</sup> of the month

*Please note the total donation amount specified will be debited on each date selected.*

Start Date: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)

OR

\_\_\_ I would like to make a One-Time Gift

In the amount of: \_\_\_ \$50 \_\_\_ \$100 \_\_\_ \$250 \_\_\_ \$500 \_\_\_ \$1000 \$ \_\_\_\_\_ Other Amount

Please apply my gift to: \_\_\_ General Fund \_\_\_ Community-Based Language Projects  
\_\_\_ Literacy and Development in Ghana

Please make this a \_\_\_ Donation \_\_\_ Memorial Gift \_\_\_ Honor Gift \_\_\_ Anonymous Donation

In Memory/Honor of: \_\_\_\_\_

\_\_\_ Enclosed is a voided check for my recurring donation. Please transfer my gift from my checking account.

OR

\_\_\_ Enclosed is a completed check for my one-time donation.

OR

\_\_\_ My credit card information is listed below for my donation. Please transfer my gift from my credit card.

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_



I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at [www.sil-lead.org](http://www.sil-lead.org) or by contacting SIL LEAD by phone or mail. All donations provided to SIL LEAD comply with U.S. Law.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required)

Please mail this form to Christof Weber, Operations Director, to the address below.  
You may also reach Chris by e-mail at: [chris\\_weber@sil-lead.org](mailto:chris_weber@sil-lead.org).  
Please make a copy of this form for your records or you can request a copy from  
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