

SIL LEAD

Language, Education, and Development

DONATION PROGRAM

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: ___ 1st ___ 5th ___ 10th ___ 15th ___ 20th ___ 25th 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 Development
___ Literacy and Development - Ghana (LDP)

Please make this a ___ Donation ___ Memorial Gift ___ Honor Gift ___ Anonymous Donation

In Memory/Honor of: _____

Comments: _____

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

***For One-Time Checking Account donations, please include a completed check with your donation form.*

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 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, Associate Director, to the address below.

You may also reach Chris by e-mail at: 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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