

Hebron USA
Support Commitment Card

I would like to become a founding member of the (Multiple-Year Giving Society):

___ : \$500 per year for 5 years

___ : \$1,000 per year for 5 years

___ : \$2,500 per year for 5 years

I would like to contribute in other ways:

___ Contribute \$_____ for ___ years.

___ Please contact me. I have other thoughts to share

Payment:

___ My check is enclosed, made payable to: Hebron USA

___ Please charge my Visa/MC #_____ Exp. _____

___ My gift is for Pablo and Jan ___ My gift is for the clinic

___ Use my gift as Hebron USA sees a need

We will bill you each year for your annual pledge, unless you request otherwise.

Signature: _____

Date: _____ Name: _____

Church: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Day Phone: _____ Evening Phone: _____