



## CRRS USA Pledge Form

I wish to make the following donations:

☐ General Purposes ☐ Training Ministries ☐ Other Ministries

☐ Education Sponsorship (per person per year for students and teachers)

☐ Elementary US\$ 100 x \_\_\_\_\_ persons = US\$ \_\_\_\_\_

☐ Junior High US\$ 300 x \_\_\_\_\_ persons = US\$ \_\_\_\_\_

☐ Senior High US\$ 500 x \_\_\_\_\_ persons = US\$ \_\_\_\_\_

☐ College US\$ 900 x \_\_\_\_\_ persons = US\$ \_\_\_\_\_

☐ Teacher US\$ 200 x \_\_\_\_\_ persons = US\$ \_\_\_\_\_

☐ School Building US\$85,000 (10% per Share) = US\$8,500 x \_\_\_\_\_ Shares  
= US\$ \_\_\_\_\_

☐ Christianity Studies US\$20,000 (5% per Share) = US\$1,000 x \_\_\_\_\_ Shares  
= US\$ \_\_\_\_\_

Payment Method Tax deductible receipts will be issued to donors in U.S.A.

☐ Check No. \_\_\_\_\_ US\$ \_\_\_\_\_

☐ Credit Card No. \_\_\_\_\_ (Visa/Master/Discover)

Expiry Date: \_\_\_\_\_ Sec. Code \_\_\_\_\_

Amount: \_\_\_\_\_ Signature: \_\_\_\_\_

Donation is \_\_\_\_\_ one time \_\_\_\_\_ per month \_\_\_\_\_ per quarter

From \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

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

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_