



Be Part of Concern's Team: Become a Monthly Donor



Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

E-mail Address _____

(If you send us your e-mail address, we can send you monthly confirmations of your gift.)

I want to become a long-term supporter of Concern works by pledging \$_____ every month

Please charge my gift each month (*until further notice*) to:
() Visa () MasterCard () Amex

Account # _____ Exp. Date _____

Name (*as it appears on your card*) _____

Signature _____ Date _____

OR

If you would like to pay by direct debit from your checking account each month, please send a voided check, together with this form to: **Concern Worldwide U.S., 104 East 40th Street, Suite 903, NY 10016.**

Please find enclosed a voided check with my account details so that Concern Worldwide U.S. may set up an automatic monthly gift from my bank account (*until further notice*).

Signature _____ Date _____

What inspired you to make a donation today? (Please check only one answer.)

- (1) _____ Concern Mailing
- (2) _____ Concern's Website
- (3) _____ Other Website
- (4) _____ Word of Mouth
- (5) _____ Newspaper
- (6) _____ Magazine
- (7) _____ Concern Event
- (8) _____ Other

Name _____

Name _____

Name _____

Please Specify _____

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