



P.O. BOX 4834 BRYAN, TX 77805 TEL. 979-393-8228

Pledge Form

I (we) support BIIN's programs for immigrant children, families, and communities.

Name _____

Billing address _____

City, ST Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

I (we) pledge a total of \$_____ to be paid: now monthly quarterly yearly.

I (we) plan to make this contribution in the form of: check credit card other.

Credit card type | Exp. date VISA – MC – AMEX - DISCOVER

Credit card number _____

Authorized signature _____

Gift will be matched by (company/family/foundation) _____

IN HONOR OF: IN MEMORY OF: _____

I (we) wish to have our gift remain anonymous.

Please make checks payable to: BRAZOS INTERFAITH IMMIGRATION NETWORK

ALL GIFTS ARE TAX-DEDUCTIBLE TO THE EXTENT ALLOWABLE BY LAW.