



Pledge Form

World Student Christian Federation

Donor Information (please print or type)

Name(s) _____

Address _____

City, State, Code _____

Country _____

Phone, Email _____

Pledge Information

I (we) pledge to provide skills in _____ now monthly quarterly yearly.

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

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

form enclosed form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

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

Signature(s)

Date

Please make checks, company matches,
or other gifts payable to:
World Student Christian Federation
Or donate online at <http://wscf.ch>

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