

**Donation Form**

**Personal Information**

Name \_\_\_\_\_  
*(as it would appear listed in print/online publications)*

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Are you an iEARN program alum or an iEARN educator?     Yes     No

**Amount of Donation**

- \$5,000                                       \$100 - \$499
- \$1,000 - \$4,999                               Other
- \$500 - \$999

**Honor/Memorial Gift**

I would like to make a gift in honor or in memory of someone special.

Please select:                                       In honor of     In memory of     This person is an educator

Please send notification of my contribution to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

*Your gift amount is confidential and will not be mentioned.*

**Method of Payment**

I have enclosed my check made payable to iEARN-USA

Please charge my credit card:

- Visa     MC     Amex

# \_\_\_\_\_ Exp. \_\_\_\_\_ CVV \_\_\_\_\_

Please accept my *(please circle one)*: one-time | monthly | quarterly | annual

Pledge of \$ \_\_\_\_\_ to be paid by \_\_\_\_\_

Special instructions \_\_\_\_\_

Signature \_\_\_\_\_

**Thank You!**

Your contribution may be matched by your employer, contact your Human Resources Department to find out how your gift could be doubled or tripled.

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