



The Haitian Alliance, Inc.

Pledge Partner Form

Name: _____

Address: _____

Phone Number: _____ **Email Address:** _____

My Pledge			
	Use my contribution for ...	Dollar amount pledged	Frequency
<input type="checkbox"/>	The Atlanta Community Center		<input type="checkbox"/> Monthly
<input type="checkbox"/>	Education & Reforestation Programs in Haiti		<input type="checkbox"/> Quarterly
Total Pledge:			<input type="checkbox"/> Annually
Credit Card Type:		Name on Card:	
Billing Address:			
Credit Card No.:		Expiration Date:	
Verification Code:		Signature:	

Print and complete the form, then mail it to the address shown below. Make checks payable to The Haitian Alliance, Inc.
Thank you for your partnership.