

MY USIU-AFRICA PARTNERSHIP FORM

I believe my contribution will greatly impact on our society. I would like to partner with USIU-Africa!

My Name: _____

Permanent address: _____

Mobile Number: _____ Email: _____

Organization: _____

Address: _____

Telephone: _____

I would like to support the: *(Please tick one or more)*

- | | |
|---|--|
| <input type="checkbox"/> Freida Brown Scholarship Fund | <input type="checkbox"/> USIU-Africa Public Lecture Series |
| <input type="checkbox"/> USIU-Africa Research Fund | <input type="checkbox"/> High Performance Computing Center |
| <input type="checkbox"/> USIU-Africa Green Energy Plan | <input type="checkbox"/> School of Communication Cinematic and Creative Arts |
| <input type="checkbox"/> Student Hostels Project | <input type="checkbox"/> Books and Library Resources Fund |
| <input type="checkbox"/> Innovation and Incubation Center | <input type="checkbox"/> Other: Please specify _____ |
| <input type="checkbox"/> Faculty Development Fund | |

My Plan: *(Please tick one or more)*

- I will donate \$ _____ per month for _____ months
- I will donate a one-off gift of \$ _____
- I will establish a named entity at USIU-Africa individually or as a group/organization at a cost of \$ _____

I will remit my gift through:

- Donation Check (Payable to USIU-Africa)
- Electronic Funds Transfer: Bank Name: Commercial Bank of Africa(CBA) Account Number: 6438840014, Account Name: USIU, Branch Name: Upper Hill, Bank : 07, Branch Code: 000, SWIFT Code: CBAFKENX,
- In kind donation (books and equipment)

My Signature _____

Date _____