

USIU-AFRICA DONOR COMMITMENT FORM

I Care Card

I believe my contribution will greatly impact on our society by promoting academic excellence at USIU-Africa!

MY NAME:

ADDRESS:

EMAIL: TELEPHONE: BIRTH MONTH:

Category [Employee number]

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Student | <input type="checkbox"/> Alumni |
| <input type="checkbox"/> Staff | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Friend of the University |
| <input type="checkbox"/> MB | <input type="checkbox"/> Other [Please specify] <input type="text"/> |
| <input type="checkbox"/> BoT/UC | |

My interest area(s) [Please tick one or more]

- Research (10-1316-4308)
- Freida Brown Scholarship Fund (10-2535)
- Educate Your Own (10-2809)
- Student Academic Tours & Conferences (10-1316-4308)
- Alumni Endowment Fund (10-4943)
- Any other (10-1316-4308) *Please Specify*

My plan [Please tick one or more]

- I will donate Kshs. per month for months
- I will donate a one-off gift of Kshs.
- I will organize for a peer to peer contribution towards my area(s) of interest

I will remit my gift through:

- Staff Check off system
- Mpesa [Paybill 516900; Account Name; *indicate area of interest*]
- Donation Check of Ksh. [Payable to USIU-Africa, *indicate area of interest on the back*]
- Cash [Delivered to cashiers in finance office *A/C specify as per area of interest*]

Your Signature

Date