



Date: \_\_\_\_\_

Name: \_\_\_\_\_ RFC: \_\_\_\_\_

Street: \_\_\_\_\_ Neighborhood (Colonia): \_\_\_\_\_

Borough (Delegación/ Municipio): \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security code (three-digit code found on reverse of credit card): \_\_\_\_\_

I commit to donating \$ \_\_\_\_\_ pesos.

This payment is to be made: Once  Monthly  Annually  Until (date of last payment)  \_\_\_\_\_

• Endowment Fund for Financial Aid

• Capital Fund Campaign

I agree to unconditionally pay the full amount that appears in this pledge card, with charge to the credit or debit card that appears above.

I authorize to the bank to apply the charges described in this document.

I agree to be contacted by someone from The American School Foundation A.C. to follow up on my donation.

If you have any questions, please contact the Institutional Advancement office: **donations@asf.edu.mx** or **5227-4900 ext. 4922**.

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