

**Aga Khan Foundation U.S.A.
Partnerships in Action Interim Receipt**

N°

1. DONOR ID NUMBER (Check one of the boxes and complete other items)

This is my first contribution to the Foundation.

I have donated to the Foundation before.

AKF USA Donor ID Number:

Is this donation being made towards an existing pledge? Yes or No

If yes, what is the pledge number?

Event Name _____

Event City _____

Event Date ____/____/____

2. CORPORATE / PERSONAL INFORMATION

Mr. Ms. Mrs. Miss. Dr. Messrs. Mr. and Mrs. Dr. and Mrs. Mr. and Dr. Other _____

 Last Name First M.I.

 Spouse Name Company, Corporation, or Organization Name

 Street Address Apartment #

 City State Zip

 - - Residence - - Cell

 - - Office - - Fax

 Email

3. DONOR RECOGNITION: I/We wish this pledge to be recognized in the following manner:

(Contributions will be recognized in accordance with the Foundation's guidelines. Please provide either business name, logo or individual name and send logos to email provided below).

4. AMOUNT

Donation Amount _____ (Dollars) \$, , .

Matching gift available? ("Y" if applicable) Gift being matched by:

5. PAYMENT METHOD: NOTE: Please make checks payable to AGA KHAN FOUNDATION USA.

Business Check Personal Check Cashier's Check Check#

6. SIGNATURE

(I/We understand that the Aga Khan Foundation USA (AKF USA) accepts only unconditional contributions and that this donation will be used for charitable purposes as approved by the AKF USA Board of Directors.)

DONOR'S SIGNATURE _____ DATE (mm/dd/yyyy) / /

AKF USA VOLUNTEER/AMBASSADOR NAME _____

REGIONAL CHAIR'S PRINTED NAME AND SIGNATURE _____

FOR REGIONAL OFFICE USE ONLY

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Direct Benefit Amount (Dollars) \$, , .

AKF USA USE ONLY Entered by _____ Entry Date _____

White – AKFUSA Canary – Donor Pink – Regional Coordinator

1825 K Street N.W., Suite 901, Washington, D.C. 20006

Telephone: (202) 293-2537 Facsimile: (202) 785-1752 Websites: www.akdn.org • www.partnershipsinaction.org Email: donorservices@akfusa.org

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