

I want to give the gift of wellness. As a member of the EA Community, I would like to support this Campaign.

Amount pledged: _____

Name _____
First Last

Name according to NIT _____
(For tax donation receipt)

DUI or Passport Number _____ NIT number _____

Email _____ Cell Phone _____

I'd like to pay with:

☐ Credit /Debit Card

Visa ☐ Master Card ☐ AMEX ☐

☐ Automatic charges

• Beginning date: _____

• Number of monthly payments: _____

☐ Payment booklet
(NPE)

☐ Check
(payable to: Asociación
Escuela Americana)

I'd like to schedule my gift: ☐ One Time Gift

FY 2019-2020 \$ _____

FY 2020-2021 \$ _____

FY 2021-2022 \$ _____

Name on Credit Card _____

Credit Card Number _____ Bank _____

Expiration Date _____ Verification code _____

DISCLAIMER: Escuela Americana is under the obligation of complying with the Money Laundering and Assets Law, for which it must request information from its donors.

I agree to provide Escuela Americana with all the information and documentation required by this Law.

Signature _____

☐ Yes, I would like my name included in the Annual Report.

Name listed: _____

Amount disclosed: ☐ Yes ☐ No

Thank you for giving the gift of wellness!

For more information, please contact:

Advancement Office: **Camila Figueroa de Fernández**
fernandez.camila@amschool.edu.sv • (503) 2528-8225