



Thank you for your interest in supporting our programs. To set up a monthly donation using your charge card, please fill out this form and fax it to **1-650-948-2687** or mail to **ISHK, PO Box 176, Los Altos, CA 94023 USA**. (For security reasons, we do not recommend that you email this form to us. Please fax or postal mail only.)

Once we receive your request, we will set up your monthly pledge according to your specifications on this form. We will continue to charge your card monthly and will remind you when you need to update your expiry date.* You can cancel this program at any time by contacting us to discontinue your pledge. Please remember to note which ISHK program(s) you wish to support.

MONTHLY PLEDGED SUPPORT REQUEST FORM

Name on Card: _____

Card Type: *(please circle)* Visa MasterCard American Express

Card Number: _____

CVV2 Code: _____

In signature strip on back of card, to the **right** of the card number, is the 3 digit CVV2. Enter 000 if missing/illegible.

Expiry Month: _____

Expiry Year: _____

Signature: _____ (Required)

Donor Address: *(where receipts and reminders are to be mailed)*

Name: _____

Addr: _____

Donor Email: _____ *(optional)*

Donor Phone: _____

Day/Night Phone: _____

Donation Amount: _____ (U.S. Dollars)

Date to start your monthly support: ____/____ (month/year)*

ISHK Program(s) to apply donation: *(for a complete list of our programs, see our website)*

- ____ ISHK General Support
- ____ Children's Share Literacy Project
- ____ Hoopoe Books
- ____ Books for Afghanistan
- ____ Books for Pakistan
- ____ Shah Book Fund

*ISHK processes the automatic pledges on the 1st business day of the month.

The Institute for the Study of Human Knowledge

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