



I hereby pledge the amount of

\$ \_\_\_\_\_

for the support of Africa University's  
Usahwira Program.

*This contribution may be made over a four-year period.*

My payment schedule will be:

Total payment made on \_\_\_\_\_ for amount of \$ \_\_\_\_\_

Annual amount paid on \_\_\_\_\_ for amount of \$ \_\_\_\_\_

Other \_\_\_\_\_ for amount of \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ (home) \_\_\_\_\_ (work)

E-mail \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Mail this form to: Cindy Reynolds  
North Indiana Conference, P.O. Box 869, Marion, IN 46952**

Contributions can be documented on the Church Remittance Form as Africa University-  
Usahwira Scholarships. Advance #003026