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Integrated Family Service Organization

Support the Relief and Development initiatives of IFSO

Pledge Form

Donor's Information

Name _____
First Middle Last

Address

Country _____ State _____ City _____

Home Phone _____ Cell Phone _____

Email _____ Contact Person _____

Intervention areas that you can choose to support

- Rehabilitation of Sexually Abused children
- Supporting HIV Positive Children
- Supporting Orphan and vulnerable children
- Expansion of Alternative Basic Education
- Provision of skill training
- Development of spring water
- Women's Empowerment
- Environmental Rehabilitation and Protections
- Family Planning and Reproductive health

Pledge Information

I (we) pledge to donate \$ _____ for _____

I wish to pay this pledge in the following manner:

\$ _____ Monthly for _____ months starting (month/year)

\$ _____ Quarterly for _____ quarters starting (month/year)

Signature _____ Date _____

Please return this form to: Integrated Family Service Organization, P.O.Box 110201, and Fax No. +2516631677
www.ifsoethiopia.org Contact person W/ro Mekedes Zelelew: +251911249551. For more information, please call
+2516180165, +2516455236, +2516517716, +2516517474 or email: ifso@ethionet.et Bank Account: Commercial
Bank of Ethiopia, Finfine Branch, and account number: 2798-0171813150400, Addis Ababa, Ethiopia.

Thank you for your support and participation.