



# NRIVA Vasavi Vidya Nidhi(VVN) Pledge

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Vasavi Vidya Nidhi Trustee Donation \$50,000 (Minimum of \$10,000 Per Year)

I would like my donation applied toward:

NRIVA Vasavi Vidya Nidhi (See attached guidelines) \*

Donation may be made in honor of \_\_\_\_\_

In memory of \_\_\_\_\_

### Send Acknowledgements

Name \_\_\_\_\_

Address: \_\_\_\_\_

Please keep my donation confidential

Signature: \_\_\_\_\_

Check payable to: NRIVA with Memo: VVN and Mail with copy of this form to: NRIVA P.O. Box 410843, St. Louis, MO 63141

**\*By signing this Pledge form, I agree to be bound by the terms and conditions of VVN Charter**