

KBGI Donor Registration Form

Thank you for your interest in supporting our programs. Please complete this form to register as a donor. Your information will be kept confidential and used only for donation processing and communication purposes.

Section 1: Personal Information

- **Full Name:** _____
- **Date of Birth:** _____
- **Gender:** Male Female Other
- **Phone Number:** _____
- **Email:** _____
- **Address:** _____
- **City / State / Zip / Country:** _____

Section 2: Donation Preferences

- **Donation Type:** One-Time Recurring In-Kind / Goods Other: _____
- **Preferred Method of Donation:** Check Credit Card Bank Transfer Online Payment
- **Recurring Donation Frequency (if applicable):** Weekly Monthly Quarterly Annually
- **Amount / Value of Donation:** _____
- **Designation / Purpose (optional):** _____

Section 2A: Donor Tier / Membership Level

Please select the donor tier you wish to participate in (if applicable):

- Bronze Donor: \$T Thousands annually
- Silver Donor: \$Millions annually
- Gold Donor: \$Billions annually
- Platinum Donor: \$Trillions annually
- **Special Recognition / Benefits (if any):** _____

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Section 2B: Program / Fund Designation

If you wish to designate your donation to a specific program, please select:

- Infrastructure Projects
- Medical / Healthcare Programs
- Education / Training Programs
- Family Preservation Programs
- Zariyah's Kids Program
- Disaster Relief / Emergency Response
- Other: _____

Section 2C: Emergency / Rapid Response Donations

- I want my donation to support rapid-response and emergency initiatives.
- **Maximum Availability for Emergency Use (if any):** _____
- **Preferred Notification for Emergency Use:** Email Phone SMS

Section 3: Communication Preferences

- I would like to receive newsletters and updates.
- I would like to be acknowledged publicly.
- I wish to remain anonymous.

Section 4: Employer Information (optional)

- **Employer / Company Name:** _____
- **Position / Title:** _____
- **Employer Matching Program:** Yes No

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Section 5: Recurring Donation Tracking

- **Start Date:** _____
- **End Date / Review Date:** _____
- **Frequency:** Weekly Monthly Quarterly Annually
- **Amount per Period:** _____
- **Payment Method:** Check Credit Card Bank Transfer Online Payment
- **Auto-Renew / Continuous Authorization:** Yes No

Section 6: Consent & Authorization

I certify that the information provided is accurate. I authorize the organization to process my donations and communicate with me according to my preferences above. I understand that I may modify or revoke my consent at any time.

- **Signature:** _____
- **Date:** _____

For Internal Use Only: Donor ID: _____ | Verified By: _____ | Date Verified: _____