

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:** _____
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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):** _____
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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: _____
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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
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Section 3: Communication Preferences

- ☐ I would like to receive newsletters and updates.
 - ☐ I would like to be acknowledged publicly.
 - ☐ I wish to remain anonymous.
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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
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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:** _____
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For Internal Use Only: Donor ID: _____ / Verified By: _____ / Date Verified: _____