

## NCPACA FOUNDATION

## RESTRICTED SCHOLARSHIP FUND FOR CPA REVIEW CLASSES

"My dream is to become a CPA"

Contribute to NCPACA Foundation Scholarship for CPA Review Classes Restricted Fund. Make more dreams a reality. Share the pride of our accounting profession. Leave a legacy. Show our support for graduates, the profession and the public. Let's support and provide scholarship for CPA Review Classes to deserving and qualified accounting graduates residing in the Philippines. United States of America and Canada.

Your gift makes a big impact on the lives of others and donation of any amount are welcome!

TO <sup>-</sup>	TAL PLEDGE \$
Amoun	t Enclosed \$
Last Name	First Name
Address	
Telephone	Email
CREDIT/DEB	IT/EFT PAYMENT AUTHORIZATION
Card Number	Expiration Date
☐ Charge a one-time payment of \$	or ☐ Charge \$per month over months for a total gift of
	\$
Name on Card (Please Print	)
Billing Address and Zip Cod	e
<u>EFT (Electroni</u>	c Funds Transfer) from bank account
Routing Number	Account Number
$\square$ Withdraw payments on the $\square$ 5 <sup>th</sup> or	□ 20 <sup>th</sup> of the month or □ \$per month over# of months fo a total gift of \$
SIGNATURE	DATE

I authorize NCPACA Foundation to charge the credit card/bank account indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card/bank account and that I will not dispute any charges made; so long as the transaction corresponds to the terms indicated in this form.