

# VICODEC Pledge Form

Visit [www.usventure.com/community](http://www.usventure.com/community) for more information

## VICODEC Pledge Options

### Child Sponsorship

*\$300/child for one year*

Number of children I want to sponsor: 1 2 3 4 5 6

Child/children most in need: Boy Girl No Preference  
OR

Child ID Number/Name (1st choice): \_\_\_\_\_

Child ID Number/Name (2nd choice or Child #2): \_\_\_\_\_

*If you wish to sponsor additional children, please list names or 'child most in need' here:* \_\_\_\_\_

Extra allowance (i.e. \$10 for holiday/birthday gift) Amount: \$ \_\_\_\_\_

I would like to commit to a four year sponsorship

I would like to commit to an eight year sponsorship

### VICODEC Feeding Program

*\$50/year provides one meal each day for a needy child*

Amount: \$ \_\_\_\_\_



### VICODEC Programming Donation

*VICODEC will determine most pressing needs*

Amount: \$ \_\_\_\_\_

### Emergency Fund at VICODEC for families in crisis

Amount: \$ \_\_\_\_\_

## Payment Options

Check enclosed

*Please make checks payable to KENYA WORKS*

Cash enclosed

Bill me at address below

One time

Semiannual (2 payments per year)

Credit Card: Use PayPal at [www.kenyaworks.org](http://www.kenyaworks.org)

*Please be sure to indicate VICODEC in the special instructions section*

Payroll Deduction (U.S. Venture Associates Only)

*Please complete the Payroll Deduction Authorization and return with Pledge Form*

My Total Gift: \$ \_\_\_\_\_

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

Date: \_\_\_\_\_

## Sponsor Contact Information

Name:	Notes/Comments:
Address:	
Email:	
Phone:	

*Please send completed form to:*

Pam Swick  
US Venture, Inc.  
425 Better Way  
Appleton, WI 54915

*Contact us for additional information:*

Phone: 920-243-5772  
Email: [pswick@usventure.com](mailto:pswick@usventure.com)

Donations are sent to Kenya Works, a 501(c)(3) nonprofit organization. Your contribution is tax deductible to the extent allowed by law. No goods or services are provided in exchange for your contribution.

*This contribution is made with the understanding that the donee organization has complete control and administration over the use of the donated funds.*



## Child Sponsorship Program

### Payroll Deduction Authorization

I authorize U.S. Venture, Inc. to deduct the following amount from my pay check(s) on the dates specified below. The purpose for this payroll deduction authorization is to make a donation to Kenya Works for the VICODEC Sponsorship Program.

I understand that this deduction will continue until the specified end date, or until I submit a request in writing or email to Payroll requesting it to be stopped.

*Note: There are 26 pay periods in one year. A 1-year VICODEC child sponsorship is \$300. A \$12 deduction per pay period amounts to \$312 over a year's time. If you choose this option, the extra \$12 will be used for a birthday or holiday gift for the child. A \$12 deduction over 25 pay periods amounts to \$300*

I wish to contribute the following amount per pay period.

\$50 \_\_\_\_\_ \$25 \_\_\_\_\_ \$12 \_\_\_\_\_ \$10 \_\_\_\_\_ Other \$ \_\_\_\_\_

Number of Pay Periods \_\_\_\_\_ Beginning Date: \_\_\_\_\_

- OR -

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

One time deduction

Amount \$ \_\_\_\_\_

Date of deduction: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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