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CULTURE

NRF EXECUTIVE DIRECTOR  
DR. MARK LASKIN

**SINGLE PAYMENT CONTRIBUTION FORM**

**I AM PLEASED TO SUPPORT THE CAYMAN ISLANDS NATIONAL RECOVERY FUND WITH A SINGLE PAYMENT IN THE AMOUNT OF \$ \_\_\_\_\_**

*This payment is being made by way of:*

Wire Transfer \_\_\_\_\_  Check \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_ I am not interested in receiving recognition for my gift and my name should not be associated with my gift in any way.

**Print Exact Donor Name:** \_\_\_\_\_

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

**Telephone:** (\_\_\_\_) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**PLEDGE CAMPAIGN FORM**

**I AM PLEASED TO SUPPORT THE CAYMAN ISLANDS NATIONAL RECOVERY FUND IN THEIR PLEDGE CAMPAIGN IN THE AMOUNT OF:**

*Total gift amount:* \$ \_\_\_\_\_ *Amount given now:* \$ \_\_\_\_\_

*Balance Due:* \$ \_\_\_\_\_

\_\_\_\_\_ I am not interested in receiving recognition for my gift and my name should not be associated with my gift in any way.

*The balance of our pledge will be payable:*

Over \_\_\_\_\_ 6Months \_\_\_\_\_ 12 Months \_\_\_\_\_ 24 Months

on a \_\_\_Annual \_\_\_Semi-Annual \_\_\_Quarterly \_\_\_Monthly basis

Signature \_\_\_\_\_

**Print Exact Donor Name:** \_\_\_\_\_

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

**Telephone:** (\_\_\_\_) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

*rebuilding lives ... restoring hope*