DMGS Endowment Fund, Inc.

2016 Annual Enrollment Form

To:				

I wish to become a mer commencing on	nber of DMGS Endowme , 201:	nt Club by pledging	and donating th	e following amounts
Name of Donor:		Tel:	E-mail:	
Mailing Address:				
Select a pledge band from	om the bottom of the pag	e, and insert your p	ledge band and	amount below:
Diaspora Pledge	_		Naira Pled	<u>ge</u>
Pledge Band	Pledge Amount*	Pledge B	and Ple	edge Amount*
Example: Alumni Band *Unless specified, total	\$5,000.00* pledge shall be redeeme	or Alumni d at the rate of 10%		N2,000,000.00* 0 years.
Does your Employer off	er Employee Gift Matchir	ng Benefit? (Check	one) Yes	s No
Are you enrolled in you	r Employer's Gift Matchin	g Benefit? (Check	one) Ye	sNo
Is DEF the Beneficiary	of your Employee Gift Ma	tching Benefit? Ch	eck one) Ye	sNo
If Yes, specify your mor	nthly contribution: Employ	vee: \$	Employer Matc	h: \$
Employer's Address:				
Employer HR Contact:_		E-mail:		Tel:
Signature		Date:		-

#	Band	10-Year Aggregate Pledge	#	Band	10-Year Aggregate Pledge
1	Founder	\$50,000 or higher	1	Founder	₹12,500,000 or higher
2	Benefactor	\$25,000 - \$49,999	2	Benefactor	N6,250,000 - N12,499,750
3	Sponsor	\$10,000 - \$24,999	3	Sponsor	N2,500,000 - N6,249,750
4	Alumni	\$5,000 - \$9,999	4	Alumni	N1,250,000 - N2,499,750
5	Supporter	\$2,500 - \$4,999	5	Supporter	N625,000 - N1,249,750
6.	Fan	Under \$2,500	6	Fan	Under N625,000

Please scan and e-mail completed form to: Endowdmgs@gmail.org

Telephone: +1-856-366-3000 (Dim) +234-0803-407-0213 (Igweka) +44-7710-250-222 (Ojji)