

World Policy Institute Monthly Giving Program

Become a Monthly Donor and join the World Policy Institute in developing and promoting collaborative global solutions to today's most pressing challenges.

When you participate, your bank will transfer your gift conveniently each month from your checking account directly to the World Policy Institute.

A monthly gift goes especially far because:

- ✓ It reduces WPI's administrative costs.
- ✓ It eliminates mailing delays so that your gift can be put to use immediately.
- ✓ WPI's income will be more predictable, allowing us to commit to new and current projects.
- ✓ Money saved on reminders increases the resources available for WPI's work.

How to join:

1. Use this enrollment form to indicate the amount you want to contribute each month from your checking account or credit card.
2. Return the completed form with the first month's check or fill out the credit card form. (We cannot accept voided checks.)
3. Your first checking account or credit card payment will occur in 2-6 weeks. A record of each gift will appear on the monthly statement issued by your bank.

You may increase, decrease, or suspend your monthly gifts at any time. Simply contact Kate Maloff at maloff@worldpolicy.org or (212) 481-5005 x464. You may also write to:
Monthly Giving Program
World Policy Institute
220 Fifth Avenue, Ninth Floor
New York, NY 10001

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YES – I want to become a Monthly Member!

Please accept my monthly gift of:

___\$10 ___\$20 ___\$50 Other: \$___

Checking Account: Please transfer my monthly contribution in the amount indicated from my checking account. Please submit this signed, dated enrollment form, along with a check for the first month's gift from the bank account to be debited. I understand that my bank will transfer future monthly gifts directly from my checking account.

Credit Card: Please charge my MasterCard, VISA, American Express or Discover.

Credit Card: MasterCard VISA AmEx Discover

Credit Card #: _____

Expiration Date: _____

CSC: _____

Signature _____

Date _____

Please Print

Name _____

Address _____

City _____

State/Zip _____

Telephone _____

Email _____

Signature _____

All contributions are tax-deductible to the fullest extent allowed by law.