



AFP Foundation for Philanthropy 2010 Every Member Campaign Gift/Pledge Form

Name _____ AFP ID _____

Title _____

Organization _____

Address _____

City _____ State _____ ZIP _____

Business Phone _____ Business Fax _____

Home Phone _____ E-mail _____

Chapter to be credited _____

I would like to support AFP Foundation for Philanthropy's Every Member Campaign with a

Gift of \$ _____.

Through my check made payable to **AFP Foundation for Philanthropy**

Through my credit card (VISA, MasterCard, Discover, or American Express)

Card number _____ Expiration Date ____/____ Security Code _____

Signature _____ Date _____

Pledge of \$ _____ to be paid in _____ payments of \$ _____ to be paid by 12/31/10.
(The minimum suggested pledge and payment amount is \$50)

Please charge my payments directly to my credit card (VISA, MasterCard, Discover, or American Express) according to my payment schedule:

Payment 1	\$ _____	Date _____	Payment 2	\$ _____	Date _____
Payment 3	\$ _____	Date _____	Payment 4	\$ _____	Date _____

Card number _____ Expiration Date ____/____ Security Code _____

Signature _____ Date _____

Please send me reminders for my pledge during the months circled below.

March April May June July August September October November December

I would like to join the **Alpha Society** with a monthly gift of \$ _____ (*minimum of \$10*). Please sign below.

Through my checking account (please attach a voided check)

Through my credit card (VISA, MasterCard, Discover, or American Express)

Card number _____ Expiration Date _____

Signature (required) _____ Date _____

Thank you for supporting AFP Foundation for Philanthropy. Gifts to the Foundation are tax-deductible to the fullest extent of the law, as no goods or services are provided in consideration of a gift. Please send your completed pledge form to **AFP Foundation for Philanthropy, 4300 Wilson Boulevard, Suite 300, Arlington, VA 22203-4168** or fax it to **703-683-0735**. Please contact us at **800-666-3863** with any questions.