



AFP Foundation for Philanthropy 2014 BE the CAUSE Campaign* Gift/Pledge Form

Name _____ AFP ID _____
 Title _____
 Organization _____
 Address _____
 City _____ State _____ ZIP _____
 Business Phone _____ Cell Phone _____
 Home Phone _____ E-mail _____
 Chapter to be credited _____

Return completed pledge form to AFP Foundation, 4300 Wilson Boulevard, Suite 300, Arlington, VA 22203-4168; scan and email it to sweihofen@afpnet.org; or fax it to 703-683-0735.

Yes, I will support the BE the CAUSE Campaign with a Gift of \$ _____ or Pledge of \$ _____
 (please complete additional pledge information below as appropriate).

Payment Method

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 _____

Through my pledge to be paid in _____ payments of \$ _____ to be paid by 12/31/14.

Please charge my payments directly to my credit card (above) according to my payment schedule:

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

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

January February March April May June July August September October November December

Signature _____ 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. Under the direction of the Board of Directors, the AFP Foundation retains complete control over the use and distribution of donated funds in furtherance of its mission. Please contact us at **800-666-3863** with any questions.

**Formerly Every Member Campaign*