

AFP Foundation for Philanthropy 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 Name			
			or Pledge of \$
Payment Method (or make a gift	t or pledge online at w	ww.afpfoundation.	.org)
Through my check made	e payable to AFP Foundat	ion for Philanthropy	
Through my credit card	(VISA, MasterCard, Disco	ver, or American Expr	ress)
Card number		Expiration	Date/
Please choose one of the following fu	Ifillment options:		
One-Time Gift			
Specific Payment Schedu	ıle:		
Payment 1 \$	Date	Payment 3 \$	Date
Payment 2 \$1	Date	Payment 4 \$	Date
Please send me reminders f	or my pledge during the	months circled below	
January February March	April May June Ju	y August Septemi	per October November December
Recurring Monthly Gift (through or suspended by contacting		-	ear; can be increased, decreased
Signature			Date
This is a Tribute Gift in honor of (Notification will be sent to)			
Yes, my employer will make a	-		aign
			-
Company Name			

Return completed pledge form to AFP Foundation for Philanthropy, 4300 Wilson Boulevard, Suite 300, Arlington, VA 22203-4168; scan and email it to foundation@afpglobal.org; or fax it to 703-683-0735. Please contact us at 800-666-3863 with any questions.

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 (Tax ID #52-1241128). 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.