



AFP Foundation for Philanthropy 2012 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 12/31/12.
(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 3** \$ _____ Date _____
Payment 2 \$ _____ Date _____ **Payment 4** \$ _____ Date _____

Card number _____ Expiration Date ____/____ Security Code _____

Signature _____ Date _____

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

February March April May June July August September October November December

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.