

## **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-ma	ail	
Chapter Name	_	-	
Yes, I will support the BE to	ne CAUSE Campaign with a	a Gift of \$	or Pledge of \$
Payment Method (or make a gift or pledge online at www.afpfoundation.org)			
Through my check made payable to <b>AFP Foundation for Philanthropy</b>			
☐ Through my credit card (VISA, MasterCard, Discover, or American Express)			
Card number		Expiration Dat	e/
Please choose one of the following fulfillment options:			
One-Time Gift			
Specific 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 N	Aarch April May June	July August September	October November December
Recurring Monthly Gift (through the Alpha Society—automatic renewal each year; can be increased, decreased or suspended by contacting the AFP Foundation at 703-519-8448)			
Signature			Date
	nonor of/in memory of sent to honorees or their desi		
$\hfill \square$ Yes, my employer will make a matching gift to the BE the CAUSE Campaign.			
Company Name			<u> </u>

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.