

## AFP Foundation for Philanthropy Alpha Society Pledge Form

Name	ame AFP ID		
Title			
Organization			
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Business Phone		Busi	ness Fax
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Chapter to be credite	d		
	AFP Foundation for P (minimum of \$		Alpha Society with a continuing
☐ Through my	checking account (Pleas	se enclose a voide	ed check.)
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Card number			Expiration Date
specified above on or a my checking account o contact the foundation	round the 20th day of ea or credit card statement.	ach month. I und If I wish to incre All gifts provided	to initiate transfers directly from the account erstand that a record of my gifts will appear on ase, decrease, or suspend my transfers, I will to AFP Foundation for Philanthropy originating
Signature			Date
the law, as no goods or se	ervices are provided in exch Boulevard, Suite 300, Arling	ange. Please send	the foundation are tax-deductible to the fullest extent of your completed pledge form to <b>AFP Foundation for</b> 3 or fax it to <b>703-683-0735</b> . Please contact us at
	(Please reta	nin this portion for you	ır records.)
		ındation for Philar a Society Enrollm	
monthly gift to be transferred month. If you choose to incommuting to 4300 Wilson Box	ed from your checking accour crease, decrease, or suspend	nt or credit card. Th your monthly gift, pl , VA 22203-4168.	onthly sustained giving program. You have agreed to a e transfers will occur on or about the 20th day of each ease contact the foundation at 800-666-3863 x410 or in All gifts provided to AFP Foundation for Philanthropy
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