



# AFP Foundation for Philanthropy 2009 Every Member Campaign 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 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Pledge of \$ \_\_\_\_\_ to be paid in \_\_\_\_\_ payments of \$ \_\_\_\_\_ to be paid by 12/31/09.  
(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 2** \$ \_\_\_\_\_ Date \_\_\_\_\_  
**Payment 3** \$ \_\_\_\_\_ Date \_\_\_\_\_ **Payment 4** \$ \_\_\_\_\_ Date \_\_\_\_\_

Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send me reminders during the months circled below.

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

Continuing **Alpha Society** monthly gift of \$ \_\_\_\_\_ (minimum of \$10). Please sign below.

Through my check made payable to **AFP Foundation for Philanthropy**

Through my credit card (VISA, MasterCard, Discover, or American Express)

Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

*(Should you choose to discontinue your monthly gift and Alpha Society membership, please contact us at 800-666-3863 x448 or in writing to 4300 Wilson Boulevard, Suite 300, Arlington, VA 22203-4168.)*

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.