



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 (required) Date

Pledge of \$ to be paid in payments of \$

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 (required) Date

Please send me reminders during the months checked 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 x410 or in writing to 4300 Wilson Boulevard, Suite 300, Arlington, VA 22203-4168.)

I would like more information on AFP Foundation for Philanthropy's Omega Circle, the planned giving program.

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. If you'd like to make a gift of securities, or have any questions, please contact us at 800-666-3863 x446.