

AFP Foundation for Philanthropy 2020 BE the CAUSE Campaign Gift/Pledge Form

Name			AFP ID	
Title				
Organization				
Address				
City		State	ZIP	
Business Phone		Cell Phone		
Home Phone		E-mail		
Chapter Name				
			or Pledge of \$	5
Payment Method (o	r make a gift or pledge	online at www.afpfounda	ition.org)	
Through n	ny check made payable to	AFP Foundation for Philanth	ropy	
Through n	ny credit card (VISA, Mast	erCard, Discover, or Americar	Express)	
Card number		Expira	tion Date/	
Please choose one of t	he following fulfillment op	tions:		
One-Time	Gift			
Specific Pa	ayment Schedule:			
Payment 1 \$	S Date	Payment 3 \$_	Date	
Payment 2 \$	5 Date	Payment 4 \$ _	Date	
Please send n	ne reminders for my pledg	ge during the months circled b	pelow.	
January Febi	ruary March April Ma	ay June July August Sep	otember October Novembe	er December
		ociety—automatic renewal e undation at 703-519-8448)	ach year; can be increased, de	ecreased
Signature			Date	
	Gift in honor of/in memor will be sent to honorees o			
Yes, my employe	r will make a matching	gift to the BE the CAUSE C	Campaign.	
Company Name				

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.