



AFP Foundation for Philanthropy

Alpha Society Recurring Gift Form

Name _____ AFP ID _____

Title _____

Organization _____

Address _____

City _____ State _____ ZIP _____

Business Phone _____ Cell Phone _____

Home Phone _____ E-mail _____

Chapter to be credited _____

Return completed pledge form to AFP Foundation, 4300 Wilson Boulevard, Suite 300, Arlington, VA 22203-4168; scan and email it to foundation@afpnet.org; or fax it to 703-683-0735.

I would like to give a recurring monthly gift of \$_____ (minimum of \$10 per month)
Monthly gifts will be designated toward your Chapter's annual BE the CAUSE goal for that calendar year.

- Through my checking account (please note debit card info below or enclose a voided check)
- Through my credit card (VISA, MasterCard, Discover, or American Express)

Card number _____

Expiration Date _____

Alpha Society recurring gifts may also be made online at www.afpfoundation.org/bethecause.

By signing below, I authorize the AFP Foundation for Philanthropy to initiate transfers directly from the account specified above on or around the 20th day of each month. I understand that a record of my gifts will appear on my checking account or credit card statement. Although **renewal in the Alpha Society is automatic each year**, if I wish to increase, decrease, or suspend my transfers, I will contact the foundation at 703-519-8448. All gifts provided to AFP Foundation for Philanthropy originating as ACH (checking) transactions comply with U.S. law.

Signature _____ Date _____

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. (Tax ID #52-1241128). Under the direction of the Board of Directors, the AFP Foundation retains complete control over the use and distribution of donated funds in furtherance of its mission. Please contact us at 703-519-8448 with any questions.