



AFP Foundation for Philanthropy 2017 Chapter IMPACT Campaign Gift/Pledge Form

Chapter Name _____

Yes, our chapter will support the AFP Foundation for Philanthropy's 2017 Chapter IMPACT Campaign with a

___ Gift of \$ _____ OR ___ Pledge* of \$ _____ (to be paid by 12/31/17)

Choose one or more of the areas below you wish to support and allocate accordingly (unallocated gifts will be used where they are needed most)

___ Capacity Building \$ _____

___ Diversity & Inclusion \$ _____

___ Leadership Development \$ _____

___ Scholarships \$ _____

Payment Method

___ Check made payable to **AFP Foundation for Philanthropy**

___ Credit card (VISA, MasterCard, Discover, or American Express)

Card number _____ Expiration Date _____

***If making a pledge, please select one of the following options and sign on the line below**

___ Charge the credit card in the month of _____ OR Send an invoice in the month of _____

Signature _____ Date _____

Return this form via

- Email: foundation@afpnet.org
- Fax: 703-683-0735
- Mail: AFP Foundation for Philanthropy, 4300 Wilson Boulevard, Suite 300, Arlington, VA 22203-4168

Questions: Call 703-519-8448

Chapter Impact Campaign Recognition:

- AFP Foundation's Website
- AFP's eWire
- AFP's 2017 Leadership Academy – if gift/pledge is received by September 15, 2017
- AFP's 2018 International Fundraising Conference

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.

Thank you for supporting the AFP Foundation for Philanthropy.