



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 _____