

AFP Foundation for Philanthropy 2023 BE the CAUSE Campaign Gift/Pledge Form

Name		AFP ID
Title Organiz	zation	
Address		
City	State	ZIP
Business Phone	Cell Phone	
Home Phone E-	mail	<u> </u>
Chapter Name		
Yes, I will support the BE the CAUSE Campaign wi	th a Gift of \$	or Pledge of \$
Payment Method (or make a gift or pledge online	at www.afpfoundatio	n.org)
Through my check made payable to AFP Fo	undation for Philanthrop	у
Through my credit card (VISA, MasterCard,	Discover, or American Ex	press)
Card number	Expiration	n Date/ CVV
Text to Give: Text AFP to (571)749-2699 Please choose one of the following fulfillment options:). Follow the prompts to	o register your credit or debit card.
One-Time Gift		
Specific Payment Schedule:		
Payment 1 \$ Date	Payment 3 \$	Date
Payment 2 \$ Date	Payment 4 \$	Date
Please send me reminders for my pledge durin	g the months circled belo	w.
January February March April May Jun	e July August Septer	nber October November December
Recurring Monthly Gift (through the Alpha Society— or suspended by contacting the AFP Foundation		year; can be increased, decreased
Signature		Date
This is a <i>Tribute Gift</i> in honor of/in memory of(Notification will be sent to honorees or their of		
Yes, my employer will make a matching gift to	the BE the CAUSE Cam	paign.
Company Name		

Return completed pledge form to AFP Foundation for Philanthropy, 4200 Wilson Boulevard, Suite 480, Arlington, VA 22203-4416; 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.