

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

Name		AFP ID
Title	Organization	
Address		
City	State	ZIP
Business Phone	Cell Phone	
Home Phone	E-mail	<u> </u>
Chapter Name		
Yes, I will support the BE the CAUSE Camp	aign with a  Gift of \$	or Pledge of \$
Payment Method (or make a gift or pledge	e online at www.afpfoundation	n.org)
☐ Through my check made payable to	o AFP Foundation for Philanthropy	•
Through my credit card (VISA, Mas	terCard, Discover, or American Exp	press)
Card number Expiration Date/		
Text to Give: Text AFP to (571)74  Please choose one of the following fulfillment of	• • •	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 pled	ge during the months circled below	v.
January February March April N	May June July August Septem	ber October November December
Recurring Monthly Gift (through the Alpha or suspended by contacting the AFP Fo		year; can be increased, decreased
Signature		Date
This is a <i>Tribute Gift</i> in honor of/in memo (Notification will be sent to honorees of		
Yes, my employer will make a matching	g 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.