AFP Foundation for Philanthropy
2021 BE the CAUSE Campaign Gift/Pledge Form

Name ________________________________ AFP ID ____________
Title ____________________________ Organization ____________________________
Address ________________________________________________________________
City ____________________________ State ____________ ZIP ____________
Business Phone ____________________________ Cell Phone ____________________________
Home Phone ____________________________ E-mail ____________________________
Chapter Name ____________________________

Yes, I will support the BE the CAUSE Campaign with a ☐ Gift of $ ____________ or ☐ Pledge of $ ____________

Payment Method (or make a gift or pledge online at www.afpfoundation.org)
☐ Through my check made payable to AFP Foundation for Philanthropy
☐ Through my credit card (VISA, MasterCard, Discover, or American Express)

Card number ____________________________ Expiration Date _____/_____

☐ Text to Give: Text AFP to 56512. Follow the prompts to register your credit or debit card. 🔊

Please choose one of the following fulfillment options:
☐ One-Time Gift
☐ Specific Payment Schedule:

<table>
<thead>
<tr>
<th>Payment 1</th>
<th>$ ________ Date ________</th>
<th>Payment 3</th>
<th>$ ________ Date ________</th>
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</thead>
<tbody>
<tr>
<td>Payment 2</td>
<td>$ ________ Date ________</td>
<td>Payment 4</td>
<td>$ ________ Date ________</td>
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☐ Recurring Monthly Gift (through the Alpha Society—automatic renewal each year; can be increased, decreased or suspended by contacting the AFP Foundation at 703-519-8448)

Please send me reminders for my pledge during the months circled below.

January February March April May June July August September October November December

☐ This is a Tribute Gift in honor of/in memory of ____________________________________________________________
(Notification will be sent to honorees or their designee.)

☐ Yes, my employer will make a matching gift to the BE the CAUSE Campaign.

Company Name __________________________________________________________

Signature ____________________________ Date ____________________________

Return completed pledge form to AFP Foundation for Philanthropy, 4300 Wilson Boulevard, Suite 300, Arlington, VA 22203-4168; 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.

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). A 5% support fee for overhead and administrative costs is taken out of all donations made to the AFP Foundation for Philanthropy.