

2011 AFP NOW Campaign Gift/Pledge Form



Name _____

Address _____

City _____ State _____ ZIP _____

Business Phone _____ Business FAX _____

Home Phone _____ email _____

I would like to support the Greater Dallas Chapter of the Association of Fundraising Professionals (“Chapter”) and the Every Member Campaign of the Association of Fundraising Professionals Foundation for Philanthropy Every Member Campaign (“Foundation”) by making a combined gift/pledge. I understand that 70% of my gift/pledge will stay here to support local programs and activities of the Chapter and 30% will go to the Foundation for support of its programs and services.

Gift of \$ _____

Through my check made payable to Greater Dallas Chapter – AFP

Through my credit card (VISA, MasterCard or American Express)

Card number _____ Expiration Date _____ Security Code _____

Name on Credit Card _____

Signature _____ Date _____

Pledge of \$ _____ to be paid in _____ payments of \$ _____ beginning _____
(pledges must be completed by December 15, 2011)

Please charge my payments directly to my credit card (VISA, MasterCard or American Express)

Card number _____ Expiration Date _____ Security Code _____

Name on Credit Card _____

Signature _____ Date _____

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

April May June July August September October November December

Gifts to the Chapter and/or Foundation are tax- deductible to the fullest extent of the law.

No goods or services are provided in consideration of a gift.

Please mail, fax or email your completed gift/pledge form to:

Greater Dallas Chapter of AFP • 14070 Proton Rd. Suite 100, LB 9 • Dallas, TX 75244-3601

Fax 972/490-4219

afpchapteroffice@afpdallas.org