



American Academy of Family Physicians Foundation Pledge Commitment

I/we do hereby pledge to contribute a total of \$ _____ to the American Academy of Family Physicians Foundation (AAFP Foundation).

- This Annual Fund gift supports Foundation programs and areas of greatest need.
- This gift is designated for the following program: _____

Current Gift:

- My/our check is enclosed in the amount of \$ _____
- Please charge my credit card a one-time donation in the amount of \$ _____
- Please charge my credit card:
 - Monthly payments of \$ _____ on the **1st** or **15th** (please circle your preference)
 - Quarterly payments of \$ _____ in the following Months: _____
 - Other - Please explain: _____
- I am interested in Electronic Funds Transfer

Credit Card Information: American Express MasterCard Visa

Credit Card Number: _____

Expiration Date: _____ Signature: _____

Legacy League Planned Gift:

- In addition, I/we intend to make a deferred gift in the amount of: \$ _____
- Planned Gift Description: _____

Donor Confirmation:

Donor's Signature Member ID Date

Donor's Name (printed) Address

Phone Email

I/we would like to listed as follows for recognition purposes (please print name):

Special Notes: _____

The AAFP Foundation is a 501(c)(3) organization. As such, gifts are eligible as tax-deductible charitable contributions as and to the extent allowed by federal law. To determine your eligibility, you should seek advice from your attorney or tax accountant.