



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
FOUNDATION

**ELECTRONIC FUNDS TRANSFER (EFT)
MONTHLY GIVING PARTNER AUTHORIZATION**

PERSONAL INFORMATION

MEMBER # _____

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____

WORK PHONE _____

E-MAIL ADDRESS _____

BANK INFORMATION

ACCOUNT OWNER'S NAME _____

BANK NAME _____

MAKE THE MONTHLY DEDUCTION FROM MY

- CHECKING ACCOUNT (Enclose voided blank check)
- SAVINGS ACCOUNT (Enclose savings deposit slip)

YES! I PLEDGE TO SUPPORT THE AAFP FOUNDATION (choose one)

- \$ _____ MONTHLY FOR 12 MONTHS
- \$ _____ MONTHLY FOR 24 MONTHS
- \$ _____ ONGOING

MONTHLY TRANSFERS WILL OCCUR ON THE **15TH OF EACH MONTH** BEGINNING IN THE MONTH OF _____

PLEASE USE MY GIFT FOR THE FOLLOWING

- I designate this gift solely for the AAFP Foundation to use where the need is greatest
- Annual Fund
- Dues Check Off (minimum \$50 donation)
- National Conference Scholarships
- Disaster Relief - Domestic
- Disaster Assistance Program
- Disaster Relief - International
- International Fund
- Center for the History of Family Medicine Endowment Fund
- General Endowment Fund
- Robert Graham Fund
- Dr. Paul McCord Fund
- Lopez Fund
- James G. Jones Student Scholarships
- Thomas L. Stern M.D. Lectureship Fund
- Tar Wars
- Share with my chapter foundation

I hereby authorize American Academy of Family Physicians to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my Depository, named above, and for my Depository to debit and/or credit the same such account. I acknowledge that the origination of EFT transactions to my account must comply with the provisions of the U.S. law. The authority shall remain in full force and effect for the time period selected or until AAFP FOUNDATION has received written notice from me of its termination in such time and in such manner as to afford AAFP FOUNDATION and Depository, named above, a reasonable opportunity to act upon it.

_____ SIGNATURE _____ DATE

Return to: AAFP Foundation
11400 Tomahawk Creek Parkway, Suite 440, Leawood, KS 66211
800-274-2237 ext. 4452