



**American Academy of Family Physicians Foundation
Gift Designation Form**

My/our check is enclosed in the amount of \$ _____

I/we intend to make our gift in installments of \$ _____ per month.

My/our gift will be paid by credit card: American Express MasterCard Visa

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Apply to my 50th Anniversary Fund pledge

Apply to my Annual Fund pledge

Designations:

Annual Fund (unrestricted): \$ _____

Center for the History of Family Medicine: \$ _____

Research: \$ _____

Tar Wars: \$ _____

Physicians With Heart: \$ _____

ALSO: \$ _____

Children's Project: \$ _____

Ruth Ostergaard Children's Fund: \$ _____

Disaster Relief: \$ _____

National Conference Scholarships: \$ _____

James G. Jones Student Scholarships: \$ _____

Robert Graham Fund: \$ _____

Named Funds (McCord, Stern, Lopez, Panther)

Fund: _____

Amount: \$ _____

Other (please specify): _____

Amount: \$ _____

Tribute Gift Program:

This gift is: In Honor of / In Memory of

Donor Confirmation:

Donor's Signature _____

Member ID _____

Date _____

Donor's Name (printed) _____

Address _____

Phone _____

Email _____

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.