



## 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
- Discover

Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_ 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 be 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.*