

NEAFCS Endowment Campaign Contribution Form



Donor Information:

Keep my donation Anonymous

First Time or Repeat Donor: First-Time Donor Repeat Donor

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Donation Information:

One Time Donation of:

\$50 \$100 \$250 Other \$ _____

OR

I wish to make a contribution in 12 monthly installments charged to my credit card (minimum donation of \$25/month).

\$300 (\$25/month) \$600 (\$50/month) \$900 (\$75/month)
 \$1,200 (\$100/month) \$1,800 (\$150/month) \$2,400 (\$200/month)

OR

I wish to make a non-cash donation. Please have someone from the endowment committee contact me directly.

In addition to my contribution today, over the next two (2) years I pledge \$ _____ annually to the Endowment. *(We will contact you each year to obtain donations.)*

Memorial Contribution:

This contribution is made in **in memory of** OR **in honor of** the individual named above. Please attach complete contact information of the individual or organization to receive acknowledgment of your memorial contribution.

Payment Method:

Check (made payable to NEAFCS Awards)

Visa MasterCard American Express Total amount to be charged: \$ _____

Card #: _____ Exp. Date: _____ CVV Code*: _____

*This is the 3 digit number found next to the signature area on the back of your card. For AMEX it is the 4 digits located on the front of the card.

Name on Card: _____ Signature: _____

Billing Address & Zip Code: _____

Send this form with your donation to:

NEAFCS, 325 John Knox Rd. Suite L103 Tallahassee, FL 32303

The NEAFCS Awards Fund is a 501 (c) (3) charitable foundation. Contributions are tax deductible to the extent allowed by law.