

NEAFCS Endowment Campaign Contribution Form



Donor Information:

Keep my donation Anonymous

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Donation Information:

\$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.

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.

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 donation.*)

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.