



2009 AFP Mid America Chapter Annual Fund Pledge Form



Yes! I'm aware of the benefit of my AFP chapter to me personally and to my profession and wish to make a gift.

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email: _____

*Your gift at any level is appreciated. For a mere \$25/quarter (we're happy to send pledge reminders!), a gift at this level from every member would pay for approximately **one-third** the total expense of all annual programs.*

About my gift (please check all that apply):

_____ Enclosed is my gift of \$ _____. (Please make checks payable to: AFP Mid America Chapter.)

_____ My total pledge is \$ _____.

I prefer to pay in:

_____ A lump sum on or before the following date: _____

_____ Installments of \$ _____ each, on a quarterly /monthly basis (please circle one).

_____ Other (please specify): _____

_____ Please accept this gift in honor of _____.

Honoree Address _____

Street

City

State

Zip

Kindly send your completed pledge form to:

AFP Mid America Chapter

P.O. Box 32101

Kansas City, MO 64171

Questions? Contact Mary Ontko, Chapter Administrator, at afpmidamerica@gmail.com