



2016 AFP Mid-America Chapter Annual Fund Gift/Pledge Form

Yes! I understand the value the Mid-America Chapter provides to me and my profession.

I am pleased to make a gift to advance the work of the Chapter.

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email: _____

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 enclose your completed pledge form and mail to:

AFP Mid-America Chapter

P.O. Box 32101

Kansas City, MO 64171

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