

ACOFP Foundation Campaign Pledge Form

As part of the Foundation’s Campaign, individuals and organizations are committing up to 5-year pledges to ensure the future of osteopathic family physicians through new and expanded educational and research opportunities. Please indicate the amount that you wish to pledge by checking the appropriate box below.

Pledge Information:

Diamond: \$25,000
Emerald: \$15,000
Platinum: \$10,000
Gold: \$5,000

Silver: \$2,500
Bronze: \$1,000
Friends: < \$1,000; Please Specify: _____
Other: Please Specify: _____

Payment Terms and Type:

Total Pledge Amount: \$ _____ **# of Years to Fulfill Pledge:** _____

Check Credit Card ACH Other

Flexible payment options are available for all donors. You may make pledge payments monthly, quarterly, semi-annually, or annually. Please specify when you would like to make payments toward your pledge.

January	February	March	April	May	June
July	August	September	October	November	December

Donor Information:

Donor Name

Address

_____ City	_____ State	_____ Zip Code	_____ Country
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_____ Email	_____ Phone Number
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_____ Signature	_____ Date
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To make a pledge payment, please visit: www.acofpfoundation.org/donate.
 You can mail, fax, or email your completed form to:
 330 E. Algonquin Road., Suite 1, Arlington Heights, IL 60005 USA
 Phone: (800) 323-0794 / Fax: (847) 228-9755 / E-mail: foundation@acofp.org



Scan to donate

The Foundation is a non-profit charitable organization under Section 501(c)3.
 Commitments to the ACOFP Foundation may be deductible as charitable contributions for Federal Income Tax purposes.