



ASNE FOUNDATION CAMPAIGN DONATION FORM

DONOR INFORMATION (We will list your name as it appears below on donor recognition materials.)

Name: _____

Company: _____

Address: _____
Street City State Zip

PLEDGE INFORMATION (Fill out this section only if you are making a pledge that will be paid over time.)

My total pledge commitment is: \$ _____ .

My first pledge payment is: \$ _____

Balance due is: \$ _____

The Knight Challenge Grant will provide \$2 for every \$3 you donate. To qualify for this match, all pledges must be paid by October 31, 2010.

We will send you a pledge payment reminder annually. If you wish a different schedule, please tell us:

GIFT INFORMATION (Fill out this section if you are making a one-time donation.)

My total outright gift is: \$ _____

PAYMENT INFORMATION [] Check enclosed made payable to ASNE Foundation

[] Credit card charge (check one): American Express MasterCard VISA

Card number _____ Expiration Date _____

Signature as it appears on the credit card.

PLEASE RETURN THIS FORM BY MAIL OR FAX TO:

ASNE, 11690B Sunrise Valley Drive, Reston, VA 20191-1409.

Fax Number : 703-453-1133.

Thank you for your support! ASNE Foundation is a 501(c)(3) charitable organization. Its Tax ID number is 23-9935413. Your gift is tax deductible when paid, as specified by IRS regulations. Please ask your company if ASNE Foundation qualifies for a matching gift. For more information, or to charge your credit card, please call 703-453-1122 or visit www.asne.org/donate.