

# *AFDO Endowment Foundation*

## CONTRIBUTION FORM

AFDO  
2550 Kingston Road, Suite 311  
York, PA 17402  
Phone 717-757-2888 ♦ Fax 717-650-3650  
[afdo@afdo.org](mailto:afdo@afdo.org)

**DATE:**

**CONTACT INFORMATION:**

Name

Organization

Address

City

State

Zip

Phone

Fax

Email

**DONATION/PLEDGE INFORMATION:**

- Enclosed please find my personal contribution in the amount of \$  
In the memory of (optional)
- Enclosed please find my corporate contribution in the amount of \$  
In the memory of (optional)
- I pledge to make annual contributions of \$ \_\_\_\_\_ over the next \_\_\_\_\_ years  
Enclosed is my first donation in the amount of \$ \_\_\_\_\_

**PAYMENT INFORMATION:**

Please make checks payable to "***AFDO Endowment Foundation***"

- Check/Money Order No.
- Credit Card (Visa and MasterCard Accepted)

Card Number		Expiration		CSC	
Billing Address					
City		State		Zip	
Name on Card					

*Thank you for your support to the AFDO Endowment Foundation!*