

AFDO Endowment Foundation

CONTRIBUTION FORM

AFDO
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Phone 717-757-2888 ♦ Fax 717-650-3650
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!