Gift/Pledge Form Online giving available at www.naspa.org/foundation/make-a-gift

NASPA
FOUNDATION
SPA Member ID (if applicable):

Name:					FOUNDATION		
Institution/Company:				NASPA Member ID (if applicable):			
Title:							
Address:					State:	Zip:	
Phone: Preferred email:							
Billing address (if different)				City:	State:	Zip:	
Name as you would like it published							
If we have permission to tweet our t	hanks, please provide	your twit	ter ho	andle:			
I/we would like to support the	NASPA Foundation	with the	e foll	owing gift: (please choose	one)		
one-time gift of \$							
open-ended recurring gift of \$/month (payments will automatically be run monthly on your credit card until yo tell us to stop)							
<ul> <li>5-year fixed pledge to a gift s</li> <li>monthly quarterly</li> </ul>	y 🖵 annually					this schedule:	
<ul> <li>Pledge of \$</li> <li>monthly          quarterly     </li> </ul>		9), paid ii	n equ	ual installments on this sch	edule:		
Mont           Emerald Club - \$1,000         \$16.           Diamond Club - \$3,000         \$50.           President's Circle - \$5,000         \$83.           Foundation Circle - \$7,500         \$125           Heritage Society - \$10,000         \$166           Pacesetter Society-\$15,000         \$250           Cornerstone Society \$20,000         \$416	67 \$50.00 \$ .00 \$150.00 \$ .33 \$250.00 \$ .00 \$375.00 \$1 .67 \$500.00 \$2 .00 \$\$1,000.00 \$4	nnually 200.00 600.00 1,000.00 1,500.00 2,000.00 4,000.00 5,000.00		NASPA Gif Emerald Club is for first-time Fo All payment amounts are based Open-ended recurring monthly under \$1000 may also be made Gift Society membership is calcu Interested in a making a Legacy	undation donors with 5-ye I on 5 year fixed pledges. gifts may be made in any c on your own schedule. ulated on lifetime giving.	mount. Pledges of	
% BACCHUS Fund % George Kuh Fund	cellence Fund: Un % James Rhatigan % Melvene D. Han % Research Fund % I	Fund dee Fund NASPA Spe	ecial I	s to support NASPA's high % Robert H. Shaffer Fund % Ruth Strang Award % Social Justice Fund nterest Fund— <i>See below</i> IUFP, SCIHE, SLP, SRKC, VKC, WIS	% Zenobia Hikes	Scholarship	
Credit Card Autho	rization	OR		Bank Deb	it Authorization		
Name on Card:			Nam	e(s) <u>exactly</u> as on accou	nt:	Checking	
Uisa MasterCard Discover AMEX			Bank	<pre></pre>			
Account # Expiration Date:/		,	ABA	Routing Number:	Jane Doe 23 Elm St. Anytowne, PA 19999 PAY to bet		
Security Code: ** recurring credit cards are run on the 1st of the month			Account Number:		ORER OF         15           YOUR BANK         000000000000000000000000000000000000		
Please add 3% (\$10 maximum) to my gift to help cover processing costs for one-time gifts only.					Routing Bank Account Number Number	Check Number	
Additional gift information:					5		
Signature					ate		

Date Please return this form to: NASPA Foundation \* 111 K Street NE, 10<sup>th</sup> Floor \* Washington, DC 20002 Attention: Lucy Fort, Director, NASPA Foundation | Ifort@naspa.org