

Gift/Pledge Form

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



Name: _____
 Institution/Company: _____ NASPA Member ID (if applicable): _____
 Title: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Preferred email: _____
 Billing address (if different) _____ City: _____ State: _____ Zip: _____
 Name as you would like it published: _____ I/we prefer to be anonymous
 If we have permission to tweet our thanks, please provide your twitter handle: _____

I/we would like to support the NASPA Foundation with a
 gift of \$ _____
 OR
 pledge of \$ _____



NASPA Nation - monthly gifts of any amount

	Monthly	Quarterly	Annually
Emerald Club - \$1,000	\$16.67	\$50.00	\$200.00
Diamond Club - \$3,000	\$50.00	\$150.00	\$600.00
President's Circle - \$5,000	\$83.33	\$250.00	\$1,000.00
Foundation Circle - \$7,500	\$125.00	\$375.00	\$1,500.00
Heritage Society - \$10,000	\$166.67	\$500.00	\$2,000.00

Payments based on 5 year pledges

Please allocate my gift as follows:

____ % **NASPA Foundation Excellence Fund:** Unrestricted gifts to support NASPA's highest priorities in research & scholarship

____ % Research Fund	____ % Melvne D. Hardee Fund	____ % James Rhatigan Fund
____ % NUFP Scholarship Fund	____ % Zenobia Hikes Scholarship	____ % Robert H. Shaffer Fund
____ % BACCHUS Fund	____ % George Kuh Fund	____ % Ruth Strang Award
____ % NASPA Knowledge Community Special Interest Fund (please specify: API, EM, G&S, LKC, WISA): _____		

I'll pay the full amount today.
 check enclosed
 cash enclosed
 charge my credit card
 debit my bank

OR

I'll pay in installments.
 invoice me
 charge my credit card
 debit my bank

For \$ _____ every month quarter year

Credit Card Authorization

Name on Card: _____
 Visa MasterCard Discover AMEX
 Account # _____
 Expiration Date: ____/____/____
 Security Code: _____

** recurring credit cards are run on the 3rd of the month

Please add 3% (\$10 maximum) to my gift/pledge to help cover processing costs.

Bank Debit Authorization

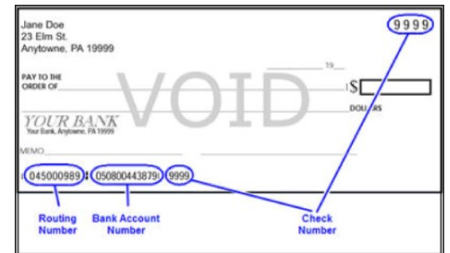
Name(s) exactly as on account: _____ Checking Savings

Bank/Credit Union Name: _____

ABA Routing Number: _____

Account Number: _____

Desired processing date:
 1st or 15th of the month



Additional gift information: _____

Signature _____

Date _____

Please return this form to: **NASPA Foundation * 111 K Street NE, 10th Floor * Washington, DC 20002**
 Attention: Lucy Fort, Associate Director, NASPA Foundation