



Foundation Pledge/Gift

Name: _____

Street Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ Member #: _____

Yes, I wish to support the ASABE Foundation. Please record my pledge or gift of \$ _____ as follows:

 My Contribution of \$ _____

My Pledge of \$ _____/yr for: 1 2 3 4 5 years **(circle one)**

Please bill me: monthly quarterly yearly **(circle one)**

Initial payment of \$ _____ is attached Bill month _____
(yearly pledges only)

My Deferred Gift of \$ _____ according to the terms and conditions contained in my gift letter

This is a Gift/Pledge designated to the following fund(s):

 Please include my spouse's name in the recognition for this gift.

Name of spouse: _____

I prefer to remain anonymous.

 Please charge my credit card per instructions above:

Credit Card _____

Card # _____ Expiration Date _____

Signature: _____ Date: _____

Please return to:
ASABE Foundation
2950 Niles Rd
St. Joseph, MI 49085
Fax: (269) 429-3852