



PLEASE NOTE: Be sure to mail your check prior to December 20th to ensure your donation is counted in the current year.

AAPM DONATION COMMITMENT

To donate by credit card, please visit aapm.org/education/edfundlinks.asp [which also includes full descriptions of each fund listed below] or contact our Accounting Department at 571-298-1216.

Please use the "Fill & Sign" feature [for instructions, see: <https://helpx.adobe.com/reader/using/fill-and-sign.html>] or manually complete all fields below.

Please select and complete your donation option: My payment of the TOTAL amount below is enclosed.

The TOTAL below is pledged by ____ number (2-5 allowed) of annual gifts, apportioned as follows:

Year01 \$_____ Year02 \$_____ Year03 \$_____ Year04 \$_____ Year05 \$_____

Note: If your TOTAL payment or TOTAL pledged amount is at least \$2,500, according to AP95, AAPM will match each payment you make. Your donor level will immediately reflect your TOTAL payment or TOTAL pledged amount times two.

| General Funds | |
|--|-----------|
| General Fund, Non-Endowed | \$ |
| General Fund, Endowed | \$ |
| History Committee Fund, Non-Endowed | \$ |
| Memorial Funds | |
| Philip Heintz Memorial Fund | \$ |
| James Kereiakes Memorial Fund | \$ |
| Jack Krohmer Memorial Fun | \$ |
| Lech Papiez Memorial Fund | \$ |
| International Funds | |
| African Affairs Fund | \$ |
| Asia/Oceania Fund | \$ |
| European Affairs Fund | \$ |
| Latin America Affairs Fund | \$ |
| Middle East Affairs Fund | \$ |
| Other Funds (see AAPM website for options) | |
| _____ | \$ |
| _____ | \$ |
| TOTAL: | \$ |

Donor Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

GIFT RECOGNITION [please check the appropriate boxes]

This gift is in honor memory of: _____

My/our name(s) and gift amount may be publicized; name(s) as I/we wish to be listed for recognition: _____

Do not publicize my/our name(s) and gift amount; I/we prefer to remain anonymous.

GIFT MATCHING [complete if applicable]

My gift is eligible for company match. Company Name: _____

My match request form: is enclosed will be emailed

Donor Signature(s): _____ Date: _____

Make check payable to AAPM and mail to: