

FARE FOUNDING DONOR CAMPAIGN

Date: _____

Name: _____ Company Name: _____

Contact Name: _____ Address: _____
(If different from above)

City: _____ State: _____ Zip Code: _____ Fax: _____

Phone: Business: _____ Home: _____ Email: _____
(Please check preferred number)

This is a joint gift with _____ Name to appear on receipt: _____

IN SUPPORT OF FARE I WISH TO PLEDGE

A total gift of \$ _____ (over 1-3 years) _____ Commencing: _____
Month/year

Payable: Annually Semi Annually Monthly Other _____ One-time gift of \$ _____

Method of Gift Payment

Check (enclosed) Visa MasterCard

For Credit Cards

Card Number: _____ Expiration Date: _____

Cardholder Name: _____ Signature: _____

Please make all checks payable to FARE. A pledge reminder will be mailed to you from the FARE office in advance of your pledge payment. Pledges given monthly will be deducted from credit card/bank account mid-month. Receipts for total annual donations will be provided in December.

I hereby authorize FARE to process my Founding Donor pledge as detailed above.

AUTHORIZED SIGNATURE: _____

DESIGNATION

Dependent on the donor's wishes and the size of the gift, specific terms of reference may be developed in consultation with FARE.

RECOGNITION

We may publish the names of our donors as recognition of their support.

Please indicate names(s) to be used for recognition purposes: _____

No, I prefer to remain anonymous regarding this gift

Signature: _____ Your gift is eligible for a tax deduction

PLEASE MAIL TO

FARE
526 King Street, Suite 415
Alexandria VA 22314

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Fax: (703) 836-8920
Email: abullington@aams.org