

AIChE® Leaders Society



Name (please print) _____ Date _____

Address _____

City _____ State _____ Zip _____

I support the Institute with a leadership gift of:

- ☐ \$10,000
- ☐ \$5,000
- ☐ \$2,500
- ☐ \$1,000
- ☐ \$ Other: _____

I want my gift to directly support one of the following programs:

- ☐ AIChE Annual Fund
- ☐ AIChE Endowment
- ☐ Grand Challenges & Opportunities
- ☐ The Society for Biological Engineering BioCatalyst Fund
- ☐ Leadership Challenge: Volunteer Leaders for the Future
- ☐ Other (please specify): _____

☐ **Please charge to my credit card:**

__MC __Visa __Discover __AMEX

Credit Card #: _____

Exp. Date: _____

☐ **Check enclosed**

- ☐ Pledge Option (Select check off box to the right)
- ☐ Please allow my gift to remain anonymous
- ☐ My company will match my gift. Company Name: _____

- ☐ Please contact me regarding Planned Giving Options

Please send me more information via:

Email: _____

Telephone: _____

Best Time: _____

Pledge Option:

Pledged Gift of \$_____ to be paid in scheduled payments of (please choose one):

- ☐ Two-time annual payment: I have enclosed a check or credit card payment in the amount of \$_____, as one of two installments toward the fulfillment of this pledge.
- ☐ Three-time annual payment: I have enclosed a check or credit card payment in the amount of \$_____, as one of three installments toward the fulfillment of this pledge.
- ☐ Four-time annual payment: I have enclosed a check or credit card payment in the amount of \$_____, as one of four installments toward the fulfillment of this pledge.
- ☐ Other payment schedule or information (please define below):

I want more information about one or more of the following programs:

- ☐ Leadership Challenge: Volunteer Leaders for the Future
- ☐ The Society for Biological Engineering BioCatalyst Fund
- ☐ Grand Challenges & Opportunities
- ☐ AIChE Annual Fund
- ☐ AIChE Endowment

My Signature: _____

Please sign, complete and return this form:

By Fax (credit card only): (646) 495-1505

By Mail: AIChE Foundation, Attn: Cathy Diana,
3 Park Avenue, NY, NY 10016-5991

By Email (credit card only): giving@aiche.org

**If have any questions about this form please contact the
AIChE Foundation: giving@aiche.org or (646) 495-1340**

Thank you!

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