

AIChE® Donor Pledge Form

Many thanks for your generosity, leadership, and commitment to AIChE. Together, we can do a world of good.

Donor Name _____

(Please list name(s) as you would like it to appear and/or if you wish to remain anonymous)

Donor Signature _____

Please record my total gift to the Campaign for AIChE, Doing a World of Good, in the amount of:

| | Gift Amount | | Gift Amount |
|--|-------------|--|-------------|
| Benefactor: (\$100,000 and up) | _____ | Supporter: (\$5,000 to \$9,999) | _____ |
| Underwriter: (\$50,000 to \$99,999) | _____ | Friend: (\$1,000 to \$4,999) | _____ |
| Patron: (\$25,000 to \$49,999) | _____ | Other | _____ |
| Partner: (\$10,000 to \$24,999) | _____ | | |

Campaign Funds (select one or more of the following funds):

Gifts to the endowment of \$50,000 or more may be directed for use as specified by the donor.

| | | |
|---|--|--|
| Greatest Needs (Unrestricted) | Fogler Chem-E-Car Competition® | Education, Training and Career Development |
| AIChE Endowment* | First Place Prize Endowment* | Attracting/ Retaining the Best and Brightest |
| The Langer Prizes for Innovation and Entrepreneurial Excellence | Minority Affairs Committee Endowment (MAC) Fund* | Research and Innovation |
| | Safety and Ethical Practices | Changing Perceptions |

Please execute my gift as follows:

An outright gift for the amount specified above

A multi-year pledge to be paid in scheduled payments of (please choose one):

Two Annual Installments of \$ _____ Five Annual Installments of \$ _____
Three Annual Installments of \$ _____ Other payment schedule or information (please define below): _____
Four Annual Installments of \$ _____

I would like to contribute in the form of stocks

My company will match this gift (please contact me for details)

Payment Information:

Check Enclosed (please make check payable to American Institute of Chemical Engineers)

Credit Card (please check one) MasterCard Visa Discover American Express

Other _____

Cardholder's Name _____

Credit Card Number _____ Security code _____ Exp. Date _____

Billing Address _____ Email _____

Signature _____ Date _____

Mail the completed form (with your payment) to:

AIChE Foundation, Attn: Stephanie Viola, Development Director, 120 Wall Street, 23rd Floor, New York, NY 10005

Questions? Contact Stephanie Viola at 646.495.1342 or stepv@aiche.org

*Spending of Endowment will be in accordance with guidelines of prudence established by NYPMIFA.