

# 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
<b>Benefactor:</b> (\$100,000 and up)	_____	<b>Supporter:</b> (\$5,000 to \$9,999)	_____
<b>Underwriter:</b> (\$50,000 to \$99,999)	_____	<b>Friend:</b> (\$1,000 to \$4,999)	_____
<b>Patron:</b> (\$25,000 to \$49,999)	_____	<b>Other</b>	_____
<b>Partner:</b> (\$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
John C. Chen Endowment for Young Professional Leadership	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.