



Campaign Pledge Form

The Future of STEM Scholars Initiative (FOSSI)

Your pledge to FOSSI supports students pursuing a STEM education at Historically Black Colleges and Universities (HBCUs).

Donor/Organization Name: _____
(Please list name as you would like it to appear in donor communications)

A. Sponsor a FOSSI Scholar(s):

Please record the number of scholars my/our gift will support at \$48,000 each:

Class of 2025 Scholar(s): _____ *(No. of Scholars)*

Class of 2026 Scholar(s): _____ *(No. of Scholars)*

Class of 2027 Scholar(s): _____ *(No. of Scholars)*

Class of 2028 Scholar(s): _____ *(No. of Scholars)*

Please accept my/our gift to sponsor a FOSSI Scholar(s) in the amount of \$ _____

B. Friend of FOSSI (\$10,000 to \$47,999):

Please accept my/our gift to the FOSSI Pooled Scholarship fund in the amount of \$ _____

C. Program Supporter (less than \$10,000):

Please accept my/our gift in support of the FOSSI Program in the amount of \$ _____

Please accept my/our total gift to FOSSI: \$ _____ *(Sum of A, B, and C)*

Please execute our gift as follows:

An outright gift for the amount specified above (sponsorship levels A, B or C)

A multi-year pledge made in scheduled payments of (sponsorship level A only; please choose one):

Two Annual Installments: To be made in the amount of \$ _____ each, with the first payment to be paid on _____ *(MM/YYYY)*

Three Annual Installments: To be made in the amount of \$ _____ each, with the first payment to be paid on _____ *(MM/YYYY)*

Four Annual Installments: To be made in the amount of \$ _____ each, with the first payment to be paid on _____ *(MM/YYYY)*

Other payment schedule or information: *(please define below)*

Signature _____ Date _____

Payment Information:

Check Enclosed *(please make check payable to "AIChE Foundation")*

Credit Card *(please check one)* Master Card Visa Discover American Express Diners Club

Cardholder's Name _____

Credit Card Number _____ Security Code _____ Exp. Date _____

Wire or ACH payment (we'll send payment instructions to address below)

Bill me/us (we'll send an invoice to address below)

Name _____

Street Address _____ City, State _____ Zip Code _____

Other _____

There are 2 ways to send in your gift:

1. **Email** the completed form to Lisa Lanzkowsky: lisal@aiche.org

2. **Mail** the completed form *(with your check)* to:

AIChE Foundation, Attn: Lisa Lanzkowsky, Lockbox 9471, P.O. Box 70280, Philadelphia, PA 19176-0280

Questions? Please contact Lisa Lanzkowsky, Chief Development Officer, at lisal@aiche.org, 646-495-1351.

