



The Future of STEM
Scholars Initiative

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:

No. of Scholars

Class of 2023 Scholar(s): _____

Class of 2024 Scholar(s): _____

Class of 2025 Scholar(s): _____

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 note additional gift instructions below:

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: 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 Annual Installments: 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 Annual Installments: 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)*

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

Other _____

Cardholder's Name _____

Credit Card Number _____ Security Code _____ Exp. Date _____

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, 120 Wall Street, 23rd Floor, New York, NY 10005

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