

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)	_____		

Endowments

Select one or more of the endowments listed below. Gifts to the AIChE Endowment of \$50,000 or more may be directed for use as specified by the donor.

AIChE Endowment*	LGBTQ+ & Allies Endowment
William R. Schowalter Lecture	Stephanopoulos Award for Metabolic Engineering
Henry T. and Melinda C. Brown Endowment for the Education of Underrepresented Minority Chemical Engineers*	Langer Prizes for Innovation and Entrepreneurial Excellence
Other _____	

Campaign Funds

Select one or more of the following funds:

- Attracting/ Retaining the Best and Brightest
- Changing Perceptions
- Education, Training and Career Development
- Greatest Needs (Unrestricted)
- Research and Innovation
- Safety and Ethical Practices

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: Lisa Lanzkowsky, Chief Development Officer, 120 Wall Street, 23rd Floor, New York, NY 10005

Questions? Contact Lisa Lanzkowsky at 646-495-1351 or lisal@aiche.org

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