

# 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).

**Corporation Name:** \_\_\_\_\_

**Please record our total gift to FOSSI in the amount of:**

	Gift Amount		Gift Amount
<b>Benefactor*</b> (\$750,000 and up)	_____	<b>Partner</b> (\$100,000 to \$249,999)	_____
<b>Underwriter*</b> (\$500,000 to \$749,999)	_____	<b>Supporter</b> (\$50,000 to \$99,999)	_____
<b>Patron*</b> (\$250,000 to \$499,000)	_____	<b>Friend</b> (\$10,000 to \$49,999)	_____

All gifts to FOSSI are recognized cumulatively along with past gifts to the Doing a World of Good campaign.  
\*Gifts of \$250,000 and above are recognized with a special designation as Founders' Circle members.

**Please record the number of scholars our gift will underwrite as follows:**

	No. of Scholars			
<b>Scholar(s) at \$48,000</b> (for 4 years)	_____	<b>Would you like to provide scholars an internship opportunity at your company?</b> (please check one)	Yes	No
<b>Scholar(s) at \$24,000</b> (for 2 years)	_____			
<b>Scholar(s) at \$12,000</b> (for 1 year)	_____			

**Please execute our gift as follows:**

**An outright gift for the amount specified above**

**A multi-year pledge to be in scheduled payments of (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:**

- Email** the completed form to Lisa Lanzkowsky: [lisal@aiche.org](mailto:lisal@aiche.org)
- Mail** the completed form (with your check) to:

**AIChE Foundation, Attn: Lisa Lanzkowsky, 120 Wall Street, 23rd Floor, New York, NY 10005**

If you have any questions, please contact Lisa Lanzkowsky, Chief Development Officer at [lisal@aiche.org](mailto:lisal@aiche.org), 646-495-1351.

**Thank you for your generosity, leadership and commitment to Doing a World of Good.**