



PLEDGE FORM

DONOR INFORMATION (PLEASE PRINT OR TYPE)

Personal Gift Corporate Gift Foundation Gift

Name			
Business Name <i>(if corporate gift)</i>			
Address	City, State ZIP		
Phone (home)	Phone (cell)		
Employer	Phone (business)		
Email	Would you like email updates from the ASF? <input type="checkbox"/> Yes <input type="checkbox"/> No		

1. Annual Donation Amount: \$ _____		2. Giving Areas: <input type="checkbox"/> Research <input type="checkbox"/> Angelman Family Fund <input type="checkbox"/> Dr. Ron Thibert Clinical Fellowship <input type="checkbox"/> AS Clinics <input type="checkbox"/> ASF Professional Counseling Program <input type="checkbox"/> Where Needed Most <input type="checkbox"/> Other _____	
3. Method: <input type="checkbox"/> check <i>(enclosed – please make checks payable to: Angelman Syndrome Foundation)</i> <input type="checkbox"/> credit card (<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Discover) Cardholder name _____ CSV # _____ Card #: _____ Exp: _____ <input type="checkbox"/> ACH/EFT <input type="checkbox"/> stock <i>(a representative from ASF will contact you)</i>		4. Frequency: <i>(beginning: _____, 202_____)</i> <input type="checkbox"/> one-time <input type="checkbox"/> annually # of years: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
5. Other Options: <input type="checkbox"/> Anonymous: I/we wish to remain Anonymous. <input type="checkbox"/> Matching Gift: Gift will be matched by: _____ <input type="checkbox"/> COMPANY <input type="checkbox"/> FAMILY <input type="checkbox"/> FOUNDATION <i>Please enclose or forward any required gift matching forms.</i>		<input type="checkbox"/> Planned Gift: <i>Please contact me with more information.</i> <input type="checkbox"/> Tribute Gift: This gift is in <input type="checkbox"/> HONOR <input type="checkbox"/> MEMORY of: _____ <i>Please notify family:</i> Name _____ Address _____	
6. Recognition: <i>Your name(s) as you would like it to appear on our donor recognition materials:</i>			

THANK YOU FOR YOUR PARTNERSHIP!

DONOR SIGNATURE

Signature(s) _____ Date _____

CONTACT INFORMATION

Angelman Syndrome Foundation
3015 E. New York Street
Suite A2 #285
Aurora, IL 60504

QUESTIONS

800.432.6435
INFO@ANGELMAN.ORG
angelman.org

ASF is a registered charitable organization FEIN #59-3092842. Your contribution is fully tax deductible to the extent allowed by law under the provisions of 501(c)(3) of the IRS Code. Florida Registration #CH4382. No goods or services were provided in exchange for your generous donation.



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CLINICS. COMMUNITY.**
WITH YOU FOR THE JOURNEY.



YOUR GIFTS CHANGE LIVES EVERY DAY

By supporting ASF, you're funding family resources, expert medical care at our ASF Clinics and ground-breaking research that leads to better treatments—and eventually a cure. But it's more than just that. Your generosity supports quality of life and—most importantly—hope for a better tomorrow.

JOIN A GIVING CIRCLE TODAY

Fred Pritzker Visionaries	Gifts of \$250,000 or more
Betty J. Shaw Benefactors	Gifts of \$100,000 to \$249,999
Harry Angelman Champions	Gifts of \$50,000 to \$99,999
Heroes Giving Hope	Gifts of \$10,000 to \$49,999



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