

Gift Card

Yes, I want to be a Donor to the APPE Annual Fund.

Please accept my gift:

- | | |
|---|---|
| <input type="checkbox"/> Henry Sidgwick Society (\$5,000 +) | <input type="checkbox"/> Director's Society (\$500 - \$999) |
| <input type="checkbox"/> Chairman's Society (\$2,500 - \$4,999) | <input type="checkbox"/> Friends Society (Up to \$499) |
| <input type="checkbox"/> Board's Society (\$1,000 - \$2,499) | |

My check for \$ _____ is enclosed.

Please charge my gift of \$ _____ to: VISA MC

Credit Card Number

Expiration Date

Signature

Please send me information about estate planning opportunities or how to include the Association in my will.

I wish my gift to be anonymous.

Name (Written as you would like to be acknowledged)

Phone Number

Street Address

Email address

City / State / Zip

Organization

Thank you for your generous tax-deductible gift!