



# CAMPAIGN FOR THE FUTURE



AMERICAN  
COLLEGE of  
CARDIOLOGY

# Pledge Form

We are/I am delighted to make a pledge of (\$) \_\_\_\_\_ dollars to be paid over the next five (5) years in either cash, securities, or both as a donation to the American College of Cardiology Foundation. We/I understand this gift is for the purpose of fulfilling the objectives of Campaign for the Future. This letter documents our/my financial commitment and serves as our/my formal statement of intent to provide this gift to the ACCF. ACCF is registered as a 501(c)(3) nonprofit organization. Contributions to ACCF are tax-deductible to the extent permitted by law. ACCF's tax identification number is 13-5641985.

**Name:** \_\_\_\_\_ Is this an:  Organization or  individual? (check one)

If organization, please provide contact name \_\_\_\_\_ Title \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Telephone (home):** \_\_\_\_\_ **Telephone (business):** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

## CAMPAIGN GIFT DESIGNATION (choose one)

**TOTAL GIFT \$** \_\_\_\_\_

**Unrestricted** - To provide ACCF with the greatest flexibility, we/I would like our/my campaign gift to be used in the areas of greatest need for ACCF.

**Restricted** - We/I would like our/my campaign gift to be restricted to the following campaign priority.

\_\_\_\_\_ Fostering Diversity & Inclusion \_\_\_\_\_ Ensuring Leadership in CV Care \_\_\_\_\_ Tangibly Addressing Global Health

**We/I would like to make our/my campaign gift in honor/memory of** \_\_\_\_\_

## PLEDGE PAYMENT SCHEDULE (choose all that apply)

We are/I am enclosing my first payment of \$\_\_\_\_\_

Our/My first payment of \$\_\_\_\_\_ will be paid on \_\_\_\_/\_\_\_\_/\_\_\_\_ with the balance of

\$\_\_\_\_\_ to be paid in equal annual installments of \$\_\_\_\_\_ in \_\_\_\_\_ (month)  
of the following years:  2020  2021  2022  2023

I would like to make my donation with a gift of stock/securities.\*

My company \_\_\_\_\_ will match this gift.\*

\*Please contact Member Care at 202-375-6000 or by email at [membercare@acc.org](mailto:membercare@acc.org) if you require assistance processing stock, securities or matching gifts.

## PAYMENT INFORMATION (choose one)

Full Payment Enclosed  Invoice me starting on \_\_\_\_\_  Annually  Semi-Annually  Quarterly  Monthly

Auto-Payment starting on \_\_\_\_\_  Annually  Semi-Annually  Quarterly  Monthly

**Credit Card:**  American Express  Visa  MasterCard  Discover

**Name:** (as it appears on card): \_\_\_\_\_

**Card Number:** \_\_\_\_\_ **Exp.:** \_\_\_\_/\_\_\_\_ **CVV:** \_\_\_\_\_

**Billing Address:** (if different than above) \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Cardholder Email:** (if different than above) \_\_\_\_\_

Yes, I authorize the ACC to charge my credit card for future payments related to this pledge. I will be charged as indicated above. I may make changes at any time by contacting ACC Member Care at 800-253-4636.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Checks:** Please make checks payable to **American College of Cardiology Foundation** and mail to:

**American College of Cardiology Foundation**  
**Campaign for the Future**  
**PO Box 37561**  
**Baltimore, MD 21297-3561**

**Gift Recognition:** Please list our/my name(s) as follows: \_\_\_\_\_

We/I wish to confirm the following naming opportunity: \_\_\_\_\_

We/I prefer to be listed as Anonymous

Signature (Donor) \_\_\_\_\_ Printed Name (Donor) \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Donor) \_\_\_\_\_ Printed Name (Donor) \_\_\_\_\_ Date: \_\_\_\_\_