



CAMPAIGN FOR THE FUTURE



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 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: _____