**I WANT TO BE AN ANNUAL SUSTAINING FOUNDATION CONTRIBUTOR (ASFC)**

Donor’s Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corps: \_\_\_\_\_\_\_\_\_\_\_ RET: \_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enclosed is my gift to become an ASFC of the AMEDD Museum Foundation. See suggested giving level below.**

Amount Enclosed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (See below for suggested levels)

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am sending an:

\_\_\_\_ In Memory of Gift

\_\_\_\_ In Honor of Gift

For Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Gift: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please notify: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| \_\_\_ VISA \_\_\_ MasterCard \_\_\_\_ Discover |
| Card Number  Card Expiration Date |
| Cardholder Signature   |  | | --- | | Telephone Number ( ) | |

**Suggested Giving Levels:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | Individual Level | Annual Gift | Benefit | | MAROON | $10 (E1-E4) (GS1-4)  $15 (E5-E7) (GS 5)  $25 (E8-E9) (GS 6)  $25 (WO1-03) (GS 7-10) | Certificate  5% Discount at Gift Shop | | BRONZE | $100 | Maroon plus name recognition in newsletter | | SILVER | $250 + above | Bronze except the Gift Shop discount is 10% | |

Individuals – Any military (Active, Reserve, National Guard, retired), civilian employee (GS 1-10) or civilian.

**Gifts may be made by:**

- checks payable to the AMEDD Museum Foundation, Inc. Return checks and completed form to: AMEDD Museum Foundation, Inc., P. O. Box 8294, San Antonio, TX, 78208.

- charging to your credit card. Return completed form with credit card information below to: AMEDD Museum Foundation, Inc., P. O. Box 8294, San Antonio, TX, 78208.

- contributing through our website.

Contributions are tax deductible – IRS Code 501 (c)(3).

THANK YOU!

Website: www.ameddmuseumfoundation.org

E-Mail: [info@ameddmuseumfoundation.org](mailto:info@ameddmuseumfoundation.org)