



Contribution and Pledge Form

I/we wish to make a gift to support the American Academy of Pediatrics' For Our Future campaign, an effort to build the global home for children's health in the amount of \$_____

Please check those that apply:

- My/Our one-time payment is enclosed*
Please credit my gift to the Committee, Section, Council, Chapter, or District below (select one)

- My/Our pledge is payable over ___ years. My/Our initial gift of \$_____ is enclosed. I/we intend to fulfill the remainder of this pledge as follows:

\$_____ by _____ / _____ (month/year)
\$_____ by _____ / _____ (month/year)
\$_____ by _____ / _____ (month/year)
\$_____ by _____ / _____ (month/year)
\$_____ by _____ / _____ (month/year)

- Please contact me to discuss other giving options and/or possible naming opportunities.
I/we grant permission to use my/our commitment to encourage others to do likewise and/or to match any challenge gifts.
The following is the manner in which my/our name or the person I/we am/are honoring is authorized to appear on any campaign recognition:

- Please consider this an anonymous contribution.

Signature Date

Name

Address

City State Zip

Daytime Phone Evening Phone

Email Address

Questions should be directed to Courtney Shupryt at 847/434-4740 or cshupryt@aap.org.
Remit To: Department of Development, 141 Northwest Point Boulevard, Elk Grove Village, IL 60007
Contributions are tax deductible as provided by law.



Gift Payment Methods

- Check Enclosed. Payable to: American Academy of Pediatrics
- I/we would like to make a **one-time** credit card payment.
- I/we would like to make a **recurring** monthly gift.

By checking this box, I am authorizing the American Academy of Pediatrics to charge my credit card in installments until the end of my commitment

Monthly Charge of \$_____ for _____ months starting on _____ and ending on _____.

Credit Card Information

<input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		
<i>Credit Card</i>	<i>Exp.</i>	<i>CVV Code</i>

- I/we are interested in making a gift of securities

To transfer securities to the American Academy of Pediatrics your broker will require the following information:

American Academy of Pediatrics
DTC #0015
Morgan Stanley Acct# 628-051961-589

If your broker requires additional information, please instruct them to call Morgan Stanley at 312/648-3454.

To notify the American Academy of Pediatrics of a gift of securities, please contact our development office with complete donor information (name, address, phone number), the name and type of securities to be gifted, the number of shares, and the date you intend to make the gift.

If you have any questions regarding any of these additional giving options, please contact Courtney Shupryt at 847/434-4740 or cshupryt@aap.org.