



CAMPAIGN GIFT/PLEDGE FORM- MEMBER SUPPORT

Donor Name(s) (Please print clearly. We will list your name(s) on recognition lists as it is printed here.)

Contact Name if gift is from organizational entity

Street Address

City State Zip

Phone

Email Address

GIFT INFORMATION

I wish to **donate** \$ _____ to the ERF for the Molecular Imaging Campaign. See information below. (Fill out for a one-time gift. For a pledge, see below.)

PLEDGE INFORMATION

I wish to **pledge** \$ _____

Enclosed is my first payment \$ _____

Balance Due \$ _____

Balance will be paid over One Two Three Four Five

All balances must be paid by June 2013.

Begin next invoice on _____ **and thereafter**
Date

Annually **Semi annually** **Other** _____

SIGNATURE

Date

PAYMENT INFORMATION

Check made payable to the ERF

Credit-fill in information below

American Express

MasterCard

Visa Card

Card Number

Expiration Date

Date:

Signature [Required for all pledges and gifts. Also, authorizes use of credit card. Must match exact name on credit card if charging gift.]

Mail to: ERF, 1850 Samuel Morse Drive, Reston, VA 20190, ATTN: Molecular Imaging Campaign

Thank you for your support! ERF is a 501(c) (3) charitable organization. All donations when paid are deductible to the full extent of the law. ERF EIN #: 23-7048300.

