



*The A.C.N.M. Foundation, Inc.*  
*a 501(c)(3) non-profit organization*  
EIN: 13-6227462

*Tax-deductible donations to The A.C.N.M. Foundation, Inc. can be made using this form.*

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

**Donor Information:**

Name(s): \_\_\_\_\_  
*As you prefer for official purposes.*

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

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

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Donation Options:**

I would like to make a one-time donation of: \$ \_\_\_\_\_

I would like to make an ongoing monthly donation of: \$ \_\_\_\_\_

**Payment Method:**

- Cash
- Check  Make **Checks payable to: "A.C.N.M. Foundation, Inc."**
- Credit  Visa  MasterCard  American Express  Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Donor Requests**

Direct donation to the following Fund: \_\_\_\_\_

Donation In Honor of: \_\_\_\_\_

Donation In Memory of: \_\_\_\_\_

Check if you wish to remain an *anonymous* donor

Check for *Midwifery Legacy Circle* for estate gifts, such as bequests, gift annuities or charitable remainder trusts.

**Please acknowledge my donation to:**

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

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

**Donations should be mailed, faxed or emailed to:**

*The A.C.N.M. Foundation, Inc.*  
*P.O. Box 380272*  
*Cambridge, MA 02238-0272*  
[fdn@acnm.org](mailto:fdn@acnm.org)  
*Phone: (240) 485-1850*  
*Fax: (617) 876-5822*