



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

**Payment Options:**

Check – Amount: \$ \_\_\_\_\_ Make Checks payable to: **“A.C.N.M. Foundation, Inc.”**

Credit – Amount: \$ \_\_\_\_\_  Visa  MasterCard  American Express  Other

Name on card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

Credit Card Instructions: \_\_\_\_\_

*(i.e., charge total amount now; charge \$\_\_\_\_ per month ongoing; charge \$\_\_\_\_/per month for \_\_\_\_months)*

**Donor Information:**

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

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

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

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

**Donor Requests**

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

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

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

\_\_\_\_ Check if you wish to remain an *anonymous* donor

\_\_\_\_ Check for info on making donations with estate gifts, such as bequests, gift annuities or charitable remainder trusts.

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

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