



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: \_\_\_\_\_

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

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

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

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

I would like to make a **One-Time Donation** of: \$ \_\_\_\_\_

I would like to make a **Total Donation Pledge** of \$ \_\_\_\_\_  
**To be Paid:**    Yearly     Monthly     Other  \_\_\_\_\_

<input type="checkbox"/> <b>Cash</b>	<input type="checkbox"/> <b>Credit</b>	<input type="checkbox"/> <b>Visa</b>	<input type="checkbox"/> <b>MasterCard</b>	<input type="checkbox"/> <b>American Express</b>	<input type="checkbox"/> <b>Discover</b>
<input type="checkbox"/> <b>Check</b>	Name on card: _____				
<b>Make Checks payable to:</b> "A.C.N.M. Foundation, Inc."	Card Number: _____		Expiration Date: __/__/__		

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

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  
[foundation@acnmf.org](mailto:foundation@acnmf.org)  
Phone: (240) 485-1850  
Fax: (617) 876-5822

**Online Form:**

