



*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  \_\_\_\_\_

Cash <input type="checkbox"/> Check <input type="checkbox"/> <b>Make Checks payable to:</b> <b>"A.C.N.M. Foundation, Inc."</b>	Credit <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Name on card: _____ Card Number: _____    Expiration Date: __/__/__
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**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  
[fdn@acnm.org](mailto:fdn@acnm.org)  
 Phone: (240) 485-1850  
 Fax: (617) 876-5822

**Online Form:**

