



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"/> Make Checks payable to: “A.C.N.M. Foundation, Inc.”	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: __/__/__
----------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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
 Phone: (240) 485-1850
 Fax: (617) 876-5822

Online Form:

