ES

I would like to contribute to the African-American Empowerment Fund of Delaware (AAEFD) at the following level:

Member: Individuals may become a Member with a one-time payment of \$1,000 or by pledging to pay a total of \$1,000 by installment over the next five years. Please accept my initial gift of:

- 0 \$1,000
- o \$____ with the balance due in full by 2020 (minimum of \$200 per year for five years)

Supporter: For gifts of any amount to the fund from individuals or businesses.

0 \$

Please print your name as you wish it to appear in any future listings: Name:

Home address (including city/state/zip): Home phone: Business phone: email: Payment Information Enclosed is my FULL payment of \$_

- o Enclosed is my FIRST payment of \$_____, and please bill me \$_____ (at least \$200) annually for (circle one) 1 2 3 4 years
- Please bill my credit card FULL payment of \$_____

Method of Payment

- o Check
- o Credit Card (see directions below for credit cards/online contributions.)

Signature

Signature required for all pledges and credit card payments.

To contribute by credit card/online, please visit the DCF website www.delcf.org and select "Make a Donation" and type in AAEFD.

Please contact me about participating in the following committees:

- Nominating
- o Membership
- o Finance
- o Grants
- o Communications
- Event Planning
- Other support activities

DELAWARE (COMMUNITY oundation connecting people who care

Please return with your check, pledge or credit card info to AAEFD c/o Delaware Community Foundation, PO Box 1636, Wilmington, DE 19899