

**Ways to Participate in AAEFD**

- Already a Member? Commit to supporting the Fund on an annual basis. As a sustaining Member you will continue to enjoy the benefits of being a Member but will also be highlighted on the website, mailings and all social media for your additional financial support of the Fund.
- Become a Supporter of AAEFD – contribute over \$75 and volunteer hours to the Fund – monthly contribution options are available.
- Become a Member of AAEFD---contribute (or pledge) \$1,000 over five years with a minimum per year of \$200 per year. As a Member, you are eligible to vote, receive an invite to our Annual Meeting and receive exclusive information.

For more information, please email [aaefd99@gmail.com](mailto:aaefd99@gmail.com) or contact Melanie Daniels, AAEFD Board Chair, 302.521.3575.

**YES!**

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

Sustaining Member: Already a Member supporting the fund on an annual basis:

\$ \_\_\_\_\_

- 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:
- o \$1,000
  - o \$\_\_\_\_\_ with the balance due in full by 2022 (minimum of \$200 per year for five years)

- Supporter:** For gifts of any amount over \$75. *\*Monthly donations are available.*
- o \$\_\_\_\_\_

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

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Home address (including city/state/zip): \_\_\_\_\_

Preferred phone: \_\_\_\_\_

**Donation Information**

To contribute by credit card (preferred method of donation), visit the DCF website [www.delcf.org](http://www.delcf.org) and select "All Funds" under "For Donors Wishing To Support DCF" OR "Give to a Fund" under "Ways to Give".  
*NOTE: Monthly donation options are available online*

**To contribute by check**, please select one of the following:

- o 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.
- o I wish to contribute \$\_\_\_\_\_ per month on the first day of each month for (circle one) 1 2 3 4 5 years.

**NOTE: For Members, monthly donations must add up to at least \$200 per year.**

Signature \_\_\_\_\_

**Mail all checks and forms to**  
AAEFD c/o Delaware Community Foundation, P.O Box 1636, Wilmington, DE 19899