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 ☐

Check ☐

Make Checks payable to:
"A.C.N.M. Foundation, Inc."

Credit ☐ **Visa** ☐ **MasterCard** ☐ **American Express** ☐ **Discover** ☐

Name on card: _____

Card Number: _____

Expiration Date: _____ CCV: ____

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.
125 Mount Auburn Street, #380272
Cambridge, Massachusetts 02238-0272

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

foundation@acnmf.org

Donate Online:

Series: 10/25