



*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: \_\_/\_\_/\_\_

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](mailto:foundation@acnmf.org)

**Donate Online:**

