



PFD RESEARCH FOUNDATION

The Official Research Foundation of AUGS

Donation Form

Donation Designation

Please select one of the three options below

I/We wish to make an unrestricted gift of \$ _____ to the PFD Research Foundation

I/We wish to make a restricted gift of \$ _____ to the following program of the Foundation

Please indicate:

___ PFD Research Foundation Fund

___ Thomas A. Benson Fund

___ Robin Haff Fund

I/We wish to make a restricted gift of \$ _____ to the AUGS Raymond A. Lee Endowment

Payment

My/Our full payment is enclosed. *Please make checks payable to the PFD Research Foundation*

I/We would like to pay this gift by credit card. Visa/MC/Amex Accepted

_____ / _____

Card Number

Expiration Date

_____ If billing address is different than that below, please check here and include your billing address on the back of this form. Thank you.

Name on Card

- _____
- Please send me an invoice. I understand this pledge must be fulfilled by December 31st.
- I/We wish to remain anonymous.
- I/We wish to make this donation in honor/memory of _____

Please acknowledge this gift in the following manner:

Name: _____

Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Are you a member of AUGS? Yes No, but please send me information about membership

AUGS and the PFD Research Foundation are 501(c) (3) charitable organizations.
Contributions are tax deductible in accordance with IRS regulations.

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