



■ *AAFPRS Capital Campaign Pledge* ■

A Pledge to Facial Plastic Surgery

YES, I want to help secure the future of this subspecialty with a gift to the Campaign for Facial Plastic Surgery.

I understand that my gift may be directed entirely to one program, divided among programs, or unrestricted, with unrestricted gifts going to the examination program until that program's goal is reached.

I would like to make a gift of the following amount, directed to the program(s) noted:

- Examination (Goal: \$1.25 million)            \$ \_\_\_\_\_
- Building (Goal: \$1.15 million)            \$ \_\_\_\_\_
- Education & Research (Goal: \$450,000)    \$ \_\_\_\_\_
- Humanitarian Programs (Goal: \$400,000) \$ \_\_\_\_\_
- Unrestricted                                    \$ \_\_\_\_\_
- TOTAL PLEDGE                                 \$ \_\_\_\_\_

I understand that gift payments may be made in a variety of ways. My preference is:

- An outright gift of \$ \_\_\_\_\_, which is enclosed.
- A pledge of \$ \_\_\_\_\_, which I understand is payable over a maximum of five years.
- My first pledge payment of \$ \_\_\_\_\_ is enclosed.
- Invoice me for my first payment of \$ \_\_\_\_\_ at the end of this year.
- Send me information on how to transfer appreciated assets.
- Send me information on gift vehicles that reduce taxes, preserve income, and/or enhance my estate

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_

Send completed pledge form and pledge payments to:  
**AAFPRS Foundation, 310 S. Henry St., Alexandria, VA 22314**  
**telephone 703-299-9291; fax 703-299-8898.**