



c/o Preston W. Shimer
 Foundation Administrator
 ARMA International Educational Foundation
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YES! I want my profession to grow through research and education. Count me in as a donor to the 5/100 Legacy plan. I understand that my pledge is for an annual gift of \$100 each year for five years for a total of \$500. To minimize administrative costs for my pledge, please use the e-mail address shown below for payment reminders, newsletters and status reports. I understand that I will receive a statement from the Foundation each year indicating the value of my tax deductible donation. The Foundation is a 501(c)3 tax exempt organization.

	Payment Method	Payment	Amount
I will pay this pledge:	<input type="checkbox"/> Personal Check	<input type="checkbox"/> \$100 per year	<input type="checkbox"/> \$25 per Quarter
(check one in each column)	<input type="checkbox"/> Credit Card	<input type="checkbox"/> \$100 per year	<input type="checkbox"/> \$25 per Quarter

I / we wish to make a personal check payment for each periodic payment. The first payment is enclosed.
NOTE: Please make checks payable to: ARMA International Educational Foundation. Send each check to Preston Shimer, Foundation Administrator, at the above address.

I / we wish to make a credit card payment for each periodic payment. Payment Amount \$ _____
NOTE: Credit card payments are made via the Foundation web site, www.armaedfoundation.org. Follow instructions on the Main Page. Our system does not retain your credit card information and is completely secure. Confirmations are sent immediately to your e-mail address.

Wait! I want to do more If \$500 is one unit, I want to donate _____ x \$500 units. Payment amount will be adjusted according to number of units selected.

My employer matches charitable contributions. I want to double or triple my contribution.
Please: (1) Ask your employer if they will match charitable contributions to the ARMA International Educational Foundation; (2) Fill out the Matching Gift Form provided by your employer; and (3) Send the completed form along with your contribution. We will take it from there. Each company determines its own guidelines for the types of non-profits that are eligible for matching. Questions can be addressed to the Foundation Administrator.

Donor Information: Please mail to Home Work address.

This pledge may be publicized: Yes No

Printed Name	My ARMA Chapter is:	My ARMA Region is:
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Address Information:

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Zip/PC	Zip/PC	Signature

Sponsor / Chapter Foundation Champion	Printed Name:	ARMA Chapter
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