



In recognition of the need to establish a permanent endowment for the betterment of professional practices in information management, I/we hereby pledge and commit the following unrestricted support in the amount of \$_____ (US funds) to the ARMA International Educational Foundation's **Endowment Fund** campaign. The effective date of this pledge is _____. Please process this pledge as follows:

- I / we will pay this pledge over a _____ year period (1, 2, 3, 4 or 5 years)
- I / we will pay this pledge (check one): Beginning the month of _____, 200____
 - In one lump sum Annually Semiannually Quarterly Credit Card
- Memorial Gift in honor of _____ in the amount of \$_____.

The first payment of \$_____ 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. Payments can be made by clicking **Online Payment System** on the Foundation website: <http://www.armaedfoundation.org>
- 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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Postal Code	Postal Code	Signature