

DONOR FORM

Please complete and return form to:
NACE Foundation
 1440 South Creek Dr
 Houston, TX 77084-4906
 Fax: +1 281-228-6305
 Phone: +1 281-228-6205

PERSONAL INFORMATION:

 NAME

 ADDRESS

 CITY/STATE/ZIP

 PHONE FAX E-MAIL

CHARITABLE CONTRIBUTIONS:

My contribution to the NACE Foundation / NACE Foundation of Canada (circle one) is: UNRESTRICTED RESTRICTED

If restricted, please indicate what the gift is restricted for below:

- | | | |
|---|--|---|
| <input type="radio"/> Monetary Contribution | <input type="radio"/> Brick \$150 | <input type="radio"/> Workforce Development |
| <input type="radio"/> Gift of Stock | <input type="radio"/> Star \$3,000 | <input type="radio"/> Scholarship Fund |
| <input type="radio"/> Gift In-Kind | <input type="radio"/> Star \$10,000 | <input type="radio"/> Fundraising Event |
| <input type="radio"/> Will Bequest | <input type="radio"/> ASM Materials Camp | |

Please include specific information about your restricted gift here (name of fundraising event / level of sponsorship, name of scholarship fund, location of Materials Camp sponsored, etc):

My gift is in HONOR / MEMORY of (circle one):

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

BRICKS: \$150.00

Up to 3 lines of text, each with 16 characters. Each space counts as a character.

Line 1: _____

Line 2: _____

Line 3: _____

STARS: \$3,000 or \$10,000

Up to 5 lines of text, each with 36 characters. Each space counts as a character.

Line 1: _____

Line 2: _____

Line 3: _____

Line 4: _____

Line 5: _____

PAYMENT OPTIONS

1. CHECK: Donation of \$_____ will follow / is attached (circle one), payable to the NACE Foundation.

2. CREDIT CARD: AMEX MasterCard Visa Discover

CC#: _____ EXP. DATE: _____ CVV: _____

SIGNATURE: _____ AMOUNT: \$_____