



## THANK YOU FOR YOUR SUPPORT.

If you have any questions, call 847-483-5400.

Please mail this completed form with your contribution to:

**NAPFA Foundation**  
**3250 N. Arlington Heights Rd, # 109**  
**Arlington Heights, IL 60004**

I contribute \$ \_\_\_\_\_

I pledge \$ \_\_\_\_\_ to be paid over 5 years

### Donor Levels

**PILLAR** (\$50,000 or more)

**BENEFACTOR** (\$25,000 - \$49,999)

**PATRON** (\$10,000 - \$24,999)

**MENTOR** (\$ 5,000 - \$9,999)

**CONTRIBUTOR** (\$1,000 - \$4,999)

**FRIEND** (less than \$1000)

I wish to donate appreciated stock. Please contact me at: \_\_\_\_\_

My check, made payable to the NAPFA Consumer Education Foundation, is enclosed

I wish to make my contribution by credit card       Amex     VISA     Mastercard    Signature \_\_\_\_\_

Credit card # \_\_\_\_\_ Expiration date \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

I would like recognition of my donation to be:  Individual donation (List name) \_\_\_\_\_

Corporate donation (List name) \_\_\_\_\_