



## RUTH FOX ENDOWMENT PLEDGE FORM

### Donor Information (Please Print or Type)

Name:	Telephone (home):
Billing address:	Telephone (business):
City:	Fax:
State:	E-Mail:
ZIP Code:	

### Pledge Information

I (we) pledge a total of \$ to be paid: \_\_\_\_\_  now /  monthly /  quarterly /  yearly

I (we) plan to make this contribution in the form of:  cash  check  credit card  other

Credit Card Type (circle one): <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER	
Credit Card Number:	Expiration Date:
Authorized Signature:	

Gift will be matched by (company/family/foundation): \_\_\_\_\_

Form enclosed.  Form will be forwarded.

**Acknowledgement Information** (Please use the following name(s) in all acknowledgements):

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I (we) wish to have our gift remain anonymous.

Signature(s):	Date:
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**Please make Checks, Corporate Matches, or other Gifts payable to:**

**ASAM Ruth Fox Endowment**

11400 Rockville Pike, Suite 200

Rockville, Maryland 20852

Fax: (301) 656-3815

Questions/Scanned Form: Christine Merrifield, [RuthFox@asam.org](mailto:RuthFox@asam.org), (301) 656-3920.