



2009 DONOR FORM

If mailing this form please send to: Foundation of NACE, 9881 Broken Land Parkway, Suite 101, Columbia, MD 21046

In order to ensure outstanding educational and informational programs and services to the members of NACE who impact the catering industry overall, I/we hereby pledge and commit our support and the following pledge amount to the Foundation of NACE Endowment Campaign:

Form with pledge options: \$1250 per quarter for 5 years, \$500 per quarter for 5 years, \$250 per quarter for 5 years, \$125 per quarter for 5 years, \$75 per quarter for 5 years, \$ per quarter for 5 years, \$25,000 and above Founder Pledge Level, \$10,000 and above Benefactor Pledge Level, \$5,000 and above Fellow Pledge Level, \$2,500 and above Patron Pledge Level, \$1,000 and above Colleague Pledge Level, \$999 and below Friend Pledge Level, and Singular Gift with initials.

Please handle this pledge as follows:

I/We will pay this pledge over a year period (not to exceed 5 years);

I/We will play this pledge and wish to be invoiced at the following interval (check one);

- Annual, Quarterly, Semi-Annually, Monthly (available on pledges of \$10,000 or more)

The first payment of \$ is enclosed. My NACE Chapter is

This pledge may be publicized at the discretion of the Foundation Yes No

Please list my pledge as follows:

Individual Corporate

The 'dual listing' option above -with company name- is offered to only those individuals who own their companies. Thank You My employer/company matches employee contributions Yes, please call me No

CONTACT INFORMATION - PLEASE PRINT CLEARLY. Fields for Donor Name(s), Company Name, Signature, Date, Address, City, State, Zip, Phone, Fax, and Email.

I/We understand that investments of cash or other assets to the Foundation of NACE may be tax deductible, as provided by law.

*Please consult your tax advisor with any specific questions



NATIONAL ASSOCIATION OF
CATERING EXECUTIVES
50 YEARS | 1958-2008

2009 DONOR FORM

Here is my one-time donation to the Foundation of NACE in the amount of:

- | | | |
|----------------------------------|--------------------------------|---|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$75 |
| <input type="checkbox"/> \$ 750 | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$50 |
| <input type="checkbox"/> \$ 500 | <input type="checkbox"/> \$100 | <input type="checkbox"/> Other \$ _____ |

My donation is enclosed:

- Personal Check Business Check Credit Card

Cardholder's Name: _____

Card Number: _____ Expiration Date: _____

Signature: _____

Please list my donation as follows:

An Individual Pledge in the name of: _____

A Corporate Pledge in the name of: _____

A Chapter Donation in the name of (Chapter name): _____

o My chapter representative will present our donation at Experience! The Future of Catering and Event Design conference.

My employer/company matches employee contributions: Yes No

The Foundation of NACE is a charitable education foundation recognized by the Internal Revenue Code as a 501(c)(3) organization. Contributions to the Foundation are tax deductible as provided by law. Please consult your tax advisor for further advice or questions.

CONTACT INFORMATION (Please Print)

Donor Name: _____

Company Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Tel: _____ E-Mail Address: _____