



American Association of Bovine Practitioners Pledge Form

“The AABP Foundation will promote the health and well being of cattle
and advance the education of bovine practitioners and the public.”

Donor Information

Name: _____ Email address: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Country: _____

Pledge Information

Total Amount Pledged: _____ Annual pledge: _____ One-time Pledge []
Reminder for annual pledges requested? []

Pledge if other than cash (describe in detail): _____

Please indicate donor-specified destination of funds:

[]	Endowed Fund
[]	Expendable Fund
[]	Specified pass-through use
[]	Specific use fund
[]	Follow established policy

Specified use detailed directions: _____

Indicate if this pledge is eligible for a matching donation: Yes [] No []

Source of matching funds: _____

Contact information (for the matching donation): _____

Signature: _____ Date: _____