



American Association of Bovine Practitioners' ~~How to~~ 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:

<input type="checkbox"/>	Endowed Fund
<input type="checkbox"/>	Expendable Fund
<input type="checkbox"/>	Specified pass-through use
<input type="checkbox"/>	Specific use fund
<input type="checkbox"/>	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: _____