

Thank you for supporting NACAC!

1

Name(s) _____
Affiliation (if any) _____
Address (○ home/○ office) _____
City, State/Province, Zip/Postal Code _____
Home Phone _____ Work Phone _____
E-mail _____

DONOR**2**

\$ _____

**GIFT
AMOUNT**

- U.S. funds
 Canadian funds

3

- Patron – \$10,000 or more
 Visionary – \$5,000 to \$9,999
 Partner – \$1,000 to \$4,999
 Guardian – \$500 to \$999
 Builder – \$250 to \$499
 Friend – \$100 to \$249
 Donor – up to \$99

**GIFT
LEVELS****4**

- I have enclosed a check or money order.
- Please charge my credit card (*credit card payments are charged in U.S. dollars*):
○ MasterCard ○ VISA
Name on Card: _____ Exp. Date _____
Card Number: _____
Signature: _____
- I will fulfill my gift with _____ payments of \$_____, beginning on _____.
Please send me pledge reminders on the following dates:
_____.
- I will make my donation through a gift of the following stock: _____
_____. Please call me to make the stock transfer.

**PAYMENT
INFORMATION****5**

- My gift is in honor of _____.
- My employer matches charitable gifts. I have enclosed the necessary forms.
- I would like information about bequests and other planned giving opportunities.
- Please do not release my name in your donor recognition efforts.

**ADDITIONAL
INFORMATION**

North American Council on Adoptable Children

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