



4033 Iron Works Parkway • Lexington, KY 40511
859-233-0147 • Fax: 859-233-1968 • www.aaepfoundation.org

EQUINE DISEASE COMMUNICATION CENTER DONATION FORM

Donor/Contact Name: _____

Business/Organization: _____

Address 1: _____ Address 2: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

E-mail: _____ @ _____ Telephone: (____) _____ - _____

Amount of Contribution: \$25 \$50 \$100 \$250 \$500 \$1,000 \$2,500 \$5,000 \$10,000
 \$20,000 \$25,000 Other \$ _____

- Pledge Gift** (*Commitment to at least 3-years of support. Please invoice me annually.*)
 One Time Gift (*3 year commitment paid in full*)

- Enclosed is my check payable to: AAEP Foundation, Inc. (In Memo: EDCC)**
 Please charge my: Visa MasterCard Discover American Express

Card Number: _____ Card Expiration Date: ____/____/____

Card ID Number/CVV Number (3 or 4 digit number, usually on back of card): _____

Name on Card: _____

- Please feel free to recognize my gift publicly** (*including in press releases and on EDCC website*)
 Please keep my gift private

All memorial contributions will be acknowledged by sending a memorial card to the family or individual you mentioned above. For more information about the AAEP Foundation and other giving opportunities, please contact -- Pam Shook, Foundation Programs Coordinator at 859-233-0147, toll free in the U.S. or Canada 800-443-0177 or pshook@aaep.org

Fax or e-mail this form to the AAEP Foundation: 859-233-1968 (fax) or pshook@aaep.org