



**AFSA EDUCATION
FOUNDATION**

Brightening Your Financial Horizon

AFSA Education Foundation Fund

On behalf of _____, I am contributing \$ _____
(Name of Corporation or Individual)

to the AFSA Education Foundation. Monies contributed to the foundation are unrestricted and will be used to support MoneySKILL® and financial literacy initiatives. Contributions are tax deductible to the fullest extent of the law - the AFSA Education Foundation is an IRS approved non-profit organization.

The AFSA Education Foundation promotes personal finance education for consumers of all ages. Its MoneySKILL® program is an online personal finance curriculum that teaches money management in the areas of income, expenses, credit, savings, investing, and insurance. The middle school, high school, and college course content is delivered through a series of modules. Since its inception, over 1,000,000 users have enrolled.

The AFSA Education Foundation's vision is to improve students' financial confidence and their ability to make informed financial decisions. The foundation strategic plan focuses on the organization being recognized as a financial education leader and increasing MoneySKILL usage.

Signature

Date

Name (Please Print)

Company Name

Title

Address

Phone Number

Address

E-mail

City/State/Zip Code

The AFSA Education Foundation's Federal Tax ID number is 52-1673101. Please include this form with your contribution. If you have questions regarding foundation activities contact Rhonda Ashburn, AFSA Education Foundation Executive Director, at 202-466-8611 or rashburn@afsamail.org.

Enclosed is my contribution of \$ _____

I am paying by: check credit card (circle one)

Please make checks payable to AFSA Education Foundation and send to the address below.

*AFSA Education Foundation
Attn: Accounting
919 18th Street, NW, Suite 300
Washington, DC 20006-5517*

For credit card processing please complete the box below and send to dmclean@afsamail.org.

Date: _____

CARDHOLDER - Please complete the following section and sign/date below.

Name:		
Company:		
Business Telephone:		
Cardholder Name as it Appears on Credit Card:		
Cardholder Billing Address:		
City:	State:	Zip:
Credit Card Number:		Expiration Date:
CVC Code:		
Credit Card Type: (Circle one)		
American Express		
Discover		
MasterCard		
Visa		

Amount to be immediately charged to credit card: \$ _____

By signing below, you authorize AFSA Education Foundation to charge your credit card immediately for the amount indicated above.

Cardholder Signature: Date:

The AFSA Education Foundation's Federal Tax ID number is 52-1673101. Please include this form with your contribution. If you have questions regarding foundation activities contact Rhonda Ashburn, AFSA Education Foundation Executive Director, at 202-466-8611 or rashburn@afsamail.org.