



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 - 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, saving and investing, and insurance. The high school/college course content is delivered through a series of modules with written text reinforced by audio narration. Since its inception, over 810,000 students have completed the program. Each year, the course content and technology are updated to reflect changes in federal laws, new statistics, and other relevant items.

Your contribution will help us reach students with valuable financial education information.

Signature

Date

Name (Please Print)

Company Name

Title

Address

Phone Number

Address

E-mail

City/State/Zip Code

All donations are tax-deductible to the fullest extent of the law. The AFSA Education Foundation's Federal Tax ID number is 52-1673101. If you have questions about this form please contact Danielle McLean at 202-466-8617 or dmclean@afsamail.org.

Enclosed is my contribution of \$ _____

I am paying by: check credit card

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, complete the box below and send form to EFSupport@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:	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:

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