

Pledge Form

The AADE Education and Research Foundation's current priorities focus on scholarships for the continuing education of our members, and funding research on topics of interest to our diabetes educators which aim to empower our members and their patients.

YES! I want to make a tax-deductible contribution to the AADE Foundation.

Please accept my gift of:

\$500 \$250 \$100 \$50 \$_____ Other

I would like to make my gift

In honor of: _____

In memory of: _____

My Name: _____

(Please print as you would like it to appear in our donor recognition materials.)

Company: _____

Mailing Address: _____

City/State/Zip: _____

Day Phone: _____

Fax: _____

Email: _____

I am an AADE member: No Yes, my Member # is _____

Please send notification of my honor/memorial donation to:

Name: _____

Company: _____

Mailing Address: _____

City/State/Zip: _____

Please make checks payable to the AADE Foundation.

Please charge my credit card **once** or **monthly** (circle one) in the amount of \$_____

MasterCard Visa Discover AmEx

Credit card number: _____ Exp. Date: _____

Signature: _____

Name as it appears on the card: _____

_____ Please list my gift as anonymous.

_____ My company has a matching gift program. Please contact me for the details.

Please mail this form with your check to:

AADE Education and Research Foundation
American Association of Diabetes Educators – General
Department 4414
Carol Stream, IL 60122-4414

For credit card payments, you may fax to: (312-424-2427) or email: Lkonopken@aadenet.org