



Your Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

**I would like to donate my time.
Please have someone contact me.**

DONATION AMOUNT

\$500 \$250 \$100 \$50 \$25 \$_____

PLEASE CHOOSE A PAYMENT OPTION

A contribution is enclosed via check or money order.

Please charge my credit card.

Visa MasterCard American Express

* Name on Card _____

* Credit Card No. _____

* Expiration Date _____ *CSC No. _____
(CSC is the three-digit number imprinted on the card signature panel.)

* Signature _____

Please accept my pledge and bill me later.

My company has a matching gift program *(enclose form)*

GIFT INFORMATION

If this is a commemorative gift, please indicate:

In memory of In honor of

Name _____

Occasion _____

Please Notify _____

Address _____

City, State, Zip _____

*Please make checks payable to
The AMD3 Foundation and mail to:
5001 Baum Boulevard, Suite 644
Pittsburgh, PA 15213*

** Must be completed in order to
process your credit card donation*

*Your generous tax deductible gift
to the AMD3 Foundation
is greatly appreciated.*