

Donor Information (please print or type)

Name \_\_\_\_\_  
Billing address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone 1 | Phone 2 \_\_\_\_\_  
Fax | Email \_\_\_\_\_

Pledge Information

I (we) promise to give a total of \$ \_\_\_\_\_ to be paid: ""now ""monthly ""  
""quarterly "" in payments of \$ \_\_\_\_\_.

I (we) promise to make the initial payment on the following date: \_\_\_\_\_

I (we) plan to make this contribution in the form of: ""check ""credit card.

I (we) wish for the contribution to be: "  
""non-restricted ""restricted for the purpose of the ABET Learning Center

To make payment via credit card please go to -  
<http://main.abet.org/abetpayment/foundation.aspx>

Acknowledgement Information

Acknowledgments to be issued in the following name(s): \_\_\_\_\_

I (we) wish to have our gift remain anonymous.

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

Please make checks payable to: [The ABET Foundation, Inc.](#)