



www.FoundationforCPE.org
GIFT / PLEDGE

CONTACT INFORMATION:

Name (w/ preferred title): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell phone: _____

Preferred Email: _____

GIFT INFORMATION:

Annual Gift:

___ I am attaching a check for \$ _____.

(Make check payable to **Foundation for Clinical Pastoral Education, Inc.**)

___ I pledge to make a gift (\$ _____) by the end of this year, or by (_____)
(Insert date pledge will be paid.)

Signature: _____ Date: _____

Program Endowment

___ I would like to speak with an FCPE representative regarding a program endowment, please have someone contact me. The best way to contact me is:

by phone _____ or by email _____.

Planned Gift

___ I would like to discuss making a planned gift to the FCPE/ACPE. Please contact me to arrange a time to discuss the details. The best way to contact me is:

by phone _____ or by email _____.

In Honor / In Memoriam

___ My gift is in honor of _____

in memory of _____

Send acknowledgement to: _____

Mailing Address

Make your check payable to “**Foundation for CPE.**” Proceeds will benefit the Association for Clinical Pastoral Education, Inc. Send your gift with this form to:

Foundation for Clinical Pastoral Education, Inc.
P. O. Box 961
Decatur, Georgia 30031