



NATIONAL ASSOCIATION OF
CATERING EXECUTIVES
50 YEARS | 1958-2008

2010 DONOR FORM

If mailing this form please send to:

Foundation of NACE, 9881 Broken Land Parkway, Suite 101, Columbia, MD 21046

In order to ensure outstanding educational and informational programs and services to the members of NACE who impact the catering industry overall, I/we hereby pledge and commit our support and the following pledge amount to the Foundation of NACE Endowment Campaign:

<input type="checkbox"/> \$1250 per quarter for 5 years	\$25,000 and above Founder Pledge Level
<input type="checkbox"/> \$ 500 per quarter for 5 years	\$10,000 and above Benefactor Pledge Level
<input type="checkbox"/> \$ 250 per quarter for 5 years	\$ 5,000 and above Fellow Pledge Level
<input type="checkbox"/> \$ 125 per quarter for 5 years	\$ 2,500 and above Patron Pledge Level
<input type="checkbox"/> \$ 75 per quarter for 5 years	\$ 1,000 and above Colleague Pledge Level
<input type="checkbox"/> \$ ____ per quarter for 5 years	\$ 999 and below Friend Pledge Level
	\$ _____ Singular Gift _____ initials

Please handle this pledge as follows:

I/We will pay this pledge over a ____ year period (not to exceed 5 years);

I/We will play this pledge and wish to be invoiced at the following interval (check one);

Annual Quarterly
 Semi-Annually Monthly (available on pledges of \$10,000 or more)

The first payment of \$ _____ is enclosed. My NACE Chapter is _____

This pledge may be publicized at the discretion of the Foundation Yes No

Please list my pledge as follows:

_____ Individual
 _____ Corporate

The 'dual listing' option above -with company name- is offered to only those individuals who own their companies. Thank You
 My employer/company matches employee contributions Yes, please call me No

CONTACT INFORMATION – PLEASE PRINT CLEARLY

PRINT Donor Name(s) **PRINT Company Name (only on 'dual listings' pledges)**

Signature **Date**

Address

City, State, Zip

Phone _____ **Fax** _____

Email :

I/We understand that investments of cash or other assets to the Foundation of NACE may be tax deductible, as provided by law.

***Please consult your tax advisor with any specific questions**



NATIONAL ASSOCIATION OF
CATERING EXECUTIVES
50 YEARS | 1958-2008

2010 DONOR FORM

Here is my one-time donation to the Foundation of NACE in the amount of:

- | | | |
|----------------------------------|--------------------------------|---|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$75 |
| <input type="checkbox"/> \$ 750 | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$50 |
| <input type="checkbox"/> \$ 500 | <input type="checkbox"/> \$100 | <input type="checkbox"/> Other \$ _____ |

My donation is enclosed:

- Personal Check Business Check Credit Card

Cardholder's Name: _____

Card Number: _____ Expiration Date: _____

Signature: _____

Please list my donation as follows:

An Individual Pledge in the name of: _____

A Corporate Pledge in the name of: _____

A Chapter Donation in the name of (Chapter name): _____

o My chapter representative will present our donation at Experience! The Future of Catering and Event Design conference.

My employer/company matches employee contributions: Yes No

The Foundation of NACE is a charitable education foundation recognized by the Internal Revenue Code as a 501(c)(3) organization. Contributions to the Foundation are tax deductible as provided by law. Please consult your tax advisor for further advice or questions.

CONTACT INFORMATION (Please Print)

Donor Name: _____

Company Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Tel: _____ E-Mail Address: _____