FOSSI
The Future of STEM Scholars Initiative

Campaign Pledge Form
The Future of STEM Scholars Initiative (FOSSI)

Your pledge to FOSSI supports students pursuing a STEM education at Historically Black Colleges and Universities (HBCUs).

Donor/Organization Name: _____

(Please list name as you would like it to appear in donor communications)

A. Sponsor a FOSSI Scholar(s):

Please record the number of scholars my/our gift will support at $48,000 each:

Class of 2026 Scholar(s): _____ *(No. of Scholars)*

Class of 2027 Scholar(s): _____ *(No. of Scholars)*

Class of 2028 Scholar(s): _____ *(No. of Scholars)*

Please accept my/our gift to sponsor a FOSSI Scholar(s) in the amount of $ _____

B. Friend of FOSSI ($10,000 to $47,999):

Please accept my/our gift to the FOSSI Pooled Scholarship fund in the amount of $ _____

C. Program Supporter (less than $10,000):

Please accept my/our gift in support of the FOSSI Program in the amount of $ _____

Please accept my/our total gift to FOSSI: $ _____ *(Sum of A, B, and C)*

Please execute our gift as follows:

☐ **An outright gift for the amount specified above *(sponsorship levels A, B or C)***

☐ **A multi-year pledge made in scheduled payments of *(sponsorship level A only; please choose one)*:**

- ☐ **Two Annual Installments:** To be made in the amount of $ _____ each, with the first payment to be paid on _____ *(MM/YYYY)*
- ☐ **Three Annual Installments:** To be made in the amount of $ _____ each, with the first payment to be paid on _____ *(MM/YYYY)*
- ☐ **Four Annual Installments:** To be made in the amount of $ _____ each, with the first payment to be paid on _____ *(MM/YYYY)*
- ☐ **Other payment schedule or information:** (please define below)

_____

Signature _____ **Date** _____

Payment Information:

☐ **Check Enclosed** (please make check payable to "AIChE Foundation")

☐ **Credit Card** (*please check one*) ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Cardholder's Name _____

Credit Card Number _____ Security Code _____ Exp. Date _____

☐ **Wire or ACH payment** (we'll send payment instructions to address below)

☐ **Bill me/us** (we'll send an invoice to address below)

☐ **Other** _____

Name _____

Address _____ City _____ State _____ Zip Code _____

There are 2 ways to send in your gift:

1. **Email** the completed form to **Natalie R. Krauser:natak@aiche.org**
2. **Mail** the completed form (with your check) to: **AIChE Foundation, Attn:Natalie Krauser, Lockbox 9471, P.O. Box 70280, Philadelphia, PA 19176-0280**

Questions? Please contact Richard Baidal, Senior Corporate Relations Manager, at **natak@aiche.org**

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