



CENTER FOR FINANCIAL PLANNING



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Deena Jo Heide-Diesslin Foundation Challenge Match Scholarship Donation Form

I. DONATION INFORMATION

I'd like to make a one-time donation in the amount of \$\_\_\_\_\_.

I'd like to make a multi-year pledge totaling \$\_\_\_\_\_.

Schedule (check only one): Annually Semi-Annually Quarterly, beginning (date) \_\_\_\_\_

Payable over (check only one): Five Years Other (please indicate) \_\_\_\_\_

Please complete payment schedule chart below to ensure reminder notices are sent on time.

Table with 5 columns: Year, Q1 (Date & Amount), Q2 (Date & Amount), Q3 (Date & Amount), Q4 (Date & Amount). Rows for years 2016 through 2020.

II. METHOD OF PAYMENT

Enclosed Check (make payable to the CFP Board)

Amount enclosed: \_\_\_\_\_ Check Number: \_\_\_\_\_

Credit Card (check only one): [ ] MasterCard [ ] Visa [ ] American Express

Amount to charge: \_\_\_\_\_ Credit card #: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City, State, Zip: \_\_\_\_\_

Billing Phone: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Other (such as securities, from your donor advised fund, etc.) Contact Diane LaVigna, CFRE at dlavigna@cfpboard.org for instructions.

III. CONTACT INFORMATION

Name: \_\_\_\_\_

Business name: \_\_\_\_\_

Job title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

IV. Please indicate how you would prefer to be listed for recognition purposes:

I wish to remain anonymous

SIGNATURE

DATE

Please send your completed and signed donation form by email or hard copy to Rochelle Zeidman at the address listed above.

The Certified Financial Planner Board of Standards, Inc. is a non-profit charitable organization under Section 501 (c)(3). Contributions to the CFP Board may be deductible as a charitable contribution for Federal Income Tax purposes. Please consult your tax advisor.