



CENTER FOR FINANCIAL PLANNING



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Managing Director, Development
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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 2018, 2019, 2020, 2021, 2022.

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.

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