

North Carolina Psychological Foundation

2017 FRIENDS OF THE FOUNDATION

The North Carolina Psychological Foundation designed "Friends of the Foundation" (FOF) to establish a way for psychologists and others to support the ongoing work of the Foundation with a yearly, tax-deductible contribution. While NCPF receives revenue from some of its activities, the majority of funding comes from donations by individuals and organizations that recognize the importance of sustaining the projects and work done by the Foundation.

Those who participate in FOF will be acknowledged in *The North Carolina Psychologist* and recognized at the 2017 Fall Conference. Those who pledge or increase their previous pledge by **JUNE 30, 2017** will be entered in a **drawing for special prizes:**

- \$1000 – Apple iPad Mini**
- \$750 – 2 Days at a CE Offering**
- \$500 – 1 Day at a CE Offering**
- \$250 – \$75 Visa Gift Card**
- \$100 – \$25 Visa Gift Card**

_____ **YES, I would like to be a FRIEND OF THE FOUNDATION!**

___ **I want to help meet the Psychology Challenge with my *new or increased gift*. Thank you!**

NAME: _____

CONTRIBUTION LEVELS

If you would like to pay via installments, please check the level of contribution you are making. Information on how the installments will be charged is listed beside each category.

PLEASE NOTE: All payments will be charged in even dollars.

- _____ **PLATINUM:** \$1000 & up; _____ *four installments* *
- _____ **DIAMOND:** \$750 - \$999; _____ *four installments* *
- _____ **GOLD:** \$500 - \$749; _____ *three installments* *
- _____ **SILVER:** \$250 - \$499; _____ *two installments* *
- _____ **BRONZE:** \$100 - \$249; _____ *two installments* *

***A CREDIT CARD MUST BE USED WHEN PAYING VIA INSTALLMENTS.**

PLEDGE: \$ _____ **AMOUNT ENCLOSED:** \$ _____

Method of payment:

_____ **Check** (Made out to NCPF) **OR** _____ **Credit Card:** Visa MasterCard

For credit card payment, please fill out the information below.

Name as it appears on card: _____

Card Number: _____

Exp. Date: _____ **CVV #:** _____

(3 digits on back of card)

Exact Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Signature: _____

THANK YOU for supporting NCPF!