



Yes! I want to help the A.C.N.M. Foundation promote excellence in health care for women, infants and families worldwide through the support of midwifery.

Please accept my donation in the following amount:

\$25 \$50 \$100 \$250 \$500 \$1,000 (Mary Breckinridge Club) Other _____

Make a recurring monthly contribution: Please charge my credit card monthly in the following amount: \$ _____
(Minimum \$10/month. This payment will recur on a monthly basis. You can cancel at any time.)

Please Direct My Gift To: General Funds Public Education Project

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Please send future correspondence via email *(This helps the Foundation save money on mailing costs, allowing us to use even more of your donation towards our mission, and also helps us to be more green!)*

Payment Options

Check enclosed (payable to the A.C.N.M. Foundation)

Visa Mastercard Acct #: _____ Expiration Date: _____

Name and Billing Information (if different than above):

Honorary and Memorial Gifts

Please note my gift in Honor Memory of: _____

Name/Address (if you wish the honoree to be notified of your gift): _____

Making a Commitment to Future Generations

Please send me information about how I can become a member of the **Midwifery Legacy Circle** by including the Foundation in my estate plan.