



DIAMOND
ANNIVERSARY CAMPAIGN

MULTIYEAR GIFT PLEDGE FORM

Your support of the Academy’s Diamond (60th) Anniversary Campaign empowers the Academy to think ahead into our impact for the next 60 years. Thank you for funding the Academy’s future work in good governance and for supporting the next generation of our workforce in public service.

Please make your multi-year pledge to the campaign today at <https://napawash.org/diamond-campaign>. Or contact us at 202-347-3190 or email philanthropy@napawash.org. Return this completed form to the National Academy of Public Administration, The Diamond Anniversary Campaign, Suite 400, 1600 K Street, N.W. Washington, D.C.

| | | | | | |
|----------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Name: | | | | | |
| Address: | <input type="checkbox"/> H | <input type="checkbox"/> O | | | |
| City: | | State: | | Zip: | |
| Email | | Phone: | <input type="checkbox"/> H | <input type="checkbox"/> C | <input type="checkbox"/> O |

- I would like to support the Academy’s impact in Public Administration with a pledge gift to The Diamond Anniversary Campaign!
- Yes! I would like to make a multi-year pledge that counts toward The Diamond Anniversary Campaign.
- I would like to make a campaign commitment of \$ _____ to be fulfilled on the following payment schedule:

| | | |
|------------------|----------|--|
| 2024 Payment | \$ _____ | <input type="checkbox"/> Charge my credit card |
| 2025 Payment | \$ _____ | <input type="checkbox"/> annually <input type="checkbox"/> semi-annually |
| 2026 Payment | \$ _____ | <input type="checkbox"/> quarterly <input type="checkbox"/> monthly |
| 2027 Payment | \$ _____ | <input type="checkbox"/> Pledge Payment Start Month & Year: _____ |
| | | <input type="checkbox"/> Pledge Payment End Month & Year: _____ |
| Total Payment(s) | \$ _____ | DAF/Foundation Name: _____ |

SELECT GIFT FULFILLMENT Individual DAF Corporation Foundation IRA Distribution Stock

May we recognize your publicly and on our honor roll listings? Yes No

If yes, please list your name as you would like to be recognized. _____

GIFT PAYMENT INFORMATION:

| | | | | |
|----------------|-------------------------------|-------------------------------------|---|--|
| Please charge: | \$ _____ | Initials: _____ | | |
| To my: | <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express | <input type="checkbox"/> Discover Card |
| Card No. | Expiration Date: | | MO | YR |
| | | | CVV: | |

- Enclosed is the first payment by check payable to the National Academy of Public Administration.
- I have filled out my credit card information above.
- Please send me a pledge reminder by email one month before my pledge date.
- Enclosed is my employer matching gift form/Contact me about my employer matching gift program.
- I desire that my pledge is treated as an anonymous commitment.
- The Academy is in my estate plan. Contact me about my estate plan.
- This gift is in (circle) honor of or memory of:

DONOR SIGNATURE:

I am pleased to support the National Academy of Public Administration by making the above commitment:

Signature _____

Date _____

Your gift is tax-deductible as permitted by law. Acknowledgements/receipts for gifts are issued by the Academy when pledge payments are received. The fiscal year is from October 1-September 30. Gifts to the Diamond Anniversary Campaign will be used in a manner consistent with the current terms for the fund. If future changed conditions in future make the originally intended purpose impossible, impractical, or inadvisable, then the Academy would use the fund in an alternative manner that supports our mission.