



# Pledge Card

I, \_\_\_\_\_ ,  
wish to support the AAML Foundation by participating  
in the Planned Giving program by:

- Donating a gift now of \$ \_\_\_\_\_  
(\$10,000 minimum).
- Pledging to donate \$ \_\_\_\_\_  
(\$10,000 minimum) now in annual gifts  
of at least \$2,500 per year for \_\_\_\_\_  
consecutive years.
- Pledging to donate \$ \_\_\_\_\_  
(\$10,000 minimum) by a deferred gift through  
bequest, trust distribution, or beneficiary on life  
insurance, IRA or other financial account.
- I request that the AAML Foundation not disclose  
my name as a donor.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

- I would like to learn more about the AAML  
Foundation's Planned Giving Program. Please  
contact me.

DONOR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**Please complete  
and return with  
beneficiary form to:**

AAML Foundation  
Attn: Kimberley Scott  
321 N. Clark Street  
Suite 1200  
Chicago, IL 60654