

## SECOND CENTURY INITIATIVE GIFT FORM

A gift to the **Second Century Initiative** celebrates our exultant past and funds the future direction of our profession.

### Second Century Giving Society Levels:

- **Founders** (Gifts at this level can be pledged up to five years.)
  - \$1,000,000+
  - \$500,000 - \$999,999
  - \$250,000 - \$499,999
  - \$100,000 - \$249,999
  
- **Torchbearers** (Gifts at this level can be pledged up to three years.)
  - \$50,000 - \$99,999
  - \$25,000 - \$49,999
  - \$10,000 - \$24,999
  
- **Leaders** (Gifts at this level can be pledged up to two years.)
  - \$5,000 - \$9,999
  - \$2,500 - \$4,999
  - \$1,000 - \$2,499
  - \$500 - \$999
  
- **Champions**
  - \$250 - \$499
  - \$100 - \$249
  - \$50 - \$99
  - \$25 - \$49

Date: \_\_\_\_\_

I am making a total gift of \$ \_\_\_\_\_ to the Academy of Nutrition and Dietetics Foundation in support of the Second Century Initiative

**PAYMENT OPTIONS - I prefer the following payment option.**

Check included

Charge my credit card for the entire gift amount  
We accept, American Express, Discover Card, MasterCard, Visa

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code/CVV) \_\_\_\_\_

Signature \_\_\_\_\_

**For gifts at the Founder, Torchbearer and Leader levels**

I would like to make this gift a pledge to be paid:

- Monthly over \_\_\_\_ years.
- Quarterly over \_\_\_\_ years.
- Annually for \_\_\_\_ years.
- Other: \_\_\_\_\_

I prefer my gift to remain anonymous.

I would like to receive information on making a planned gift.

Name: \_\_\_\_\_

Academy Member Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

*Please make checks payable to:*

**Academy of Nutrition and Dietetics Foundation**

120 South Riverside Plaza, Suite 2190

Chicago, Illinois 60606-6995

*Email:* Foundation@eatright.org

*Fax:* 312-899-4796

*Phone:* 800-877-1600, ext. 4773

**THANK YOU FOR YOUR GIFT!**