



AMSA Endowment Campaign Campaign Commitment

Name: _____ Email Address: _____

Address: _____ Phone: _____

To support the goals of the AMSA Endowment Campaign, I/we pledge a total of \$ _____.

I would like to make my gift(s) via

Check Credit Card Donor Advised Fund Appreciated Securities (please check one)

on the following dates:

_____	on	_____
Amount		Date
_____	on	_____
Amount		Date
_____	on	_____
Amount		Date
_____	on	_____
Amount		Date
_____	on	_____
Amount		Date

I understand AMSA will contact me for the details necessary to complete my gift.

OR

I would like to set up a monthly, recurring gift via credit card in the amount of \$ _____ per month.

Cardholder's Name	Billing address: City	State	Zip Code
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Card Number	Expiration Date	Security Code
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Name(s) for Donor Recognition Purposes: _____

I/we wish to remain Anonymous.

Special Notes: _____

Name(s)	Signature(s)	Date
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* All pledge payments should be completed by 12/31/2026.

Please complete this form electronically or complete and send via email as a .pdf file to Deidrea Mabry: dmabrv@meatscience.org.

OR you may mail a copy to:
Deidrea Mabry, COO

American Meat Science Association
302 S. Platte Clay Way, Kearney, MO 64060