

ASHRAE RP Campaign

Restricted Endowed RP Gift via ASHRAE Foundation

DONOR

☐ Organization ☐ Individual

Name: _____ Contributor ID: _____

Address: _____ Phone Number: _____

City, State, Zip: _____

Restricted RP Fund Benefiting ASHRAE Research

Name of Fund: _____

Chapter to Credit: _____

Amount of Gift*: _____

** Please note that the minimum gift amount is \$3,000, payable over 3 years. For gifts less than this amount, please contact staff for details.*

☐ Check enclosed

☐ Please charge my credit card:

Name on the card: _____

☐ American Express

☐ MasterCard

☐ Visa

Card #: _____ Exp. Date _____

Please send your gift to:

ASHRAE RP Campaign
180 Technology Parkway NW
Peachtree Corners, GA 30092

I understand that this restricted RP Campaign gift will be invested by Foundation BOT and 5% income on invested funds benefiting the fund noted above.

Signature: _____

Date: _____