2017
IAFFE Endowment
Contribution Form

Name ________________________________________________________________

Complete Mailing Address _____________________________________________

Complete Mailing Address _____________________________________________

City, State/Province, Postal Code _______________________________________

Country ___________________________________________________________

Email Address _______________________________________________________

I would like to contribute to the IAFFE Endowment Fund:

☐ <$100 Contributor  ☐ $100 Friend  ☐ $250 Supporter
☐ $500 Sponsor  ☐ $1,000 Sustainer  ☐ $2,500 Benefactor
☐ $5,000 Visionary  ☐ $____________

You may recognize me publicly as a supporter of IAFFE:  Yes  No

I would like this year’s donation to be the first of a multi-year pledge to the IAFFE Endowment Fund. I
would like to donate USD _________ per year for ________ years. Please remind me when next year’s
 donation is due.

Payment Information

VISA     MasterCard     American Express

Amount to be charged: $_____________ USD

Card No: ___ ___ ___ ___/___ ___ ___ ___/___ ___ ___ ___/___ ___ ___ ___

Exp. Date: _________________________3 digit CCV Code: _______________________

Signature: ________________________________

Check Enclosed (payable to IAFFE in USD)

Please fax to +1-866-257-8304 or mail this form with check or payment information to:

International Association for Feminist Economics
 c/o Feminist Economics MS-9
  Rice University
  P.O. Box 1829
  Houston, TX 77251-1829

Please email acollins@iaffe.org with any questions or concerns.