

I/We would like to support the goals of The ISPRS Foundation by making the donation described below.



Send completed form by E-mail to:
foundation@isprs.org

Or by post mail to either:
The ISPRS Foundation **The ISPRS Foundation**
 14833 Lake Terrace ITC PO Box 6
 Rockville, MD 20853 7500 AA Enschede
 U.S.A. The Netherlands

The Donation

Please check only the relevant box(es).

- Enclosed is my/our contribution of _____ . (US\$ or SFr or Euro)
- I/We hereby pledge a contribution of _____ (US\$ or SFr or Euro), which will be provided in _____ annual installments of _____ each beginning in 200_ . The ISPRS Foundation will send a pledge reminder/invoice annually.
- My/Our employer has agreed to match this donation. A copy of the form* attesting this is enclosed.
- I/We wish to make a bequest, legacy, covenant, trust, in-kind or other type of donation, or wish to link our trust with The ISPRS Foundation. Enclosed* is a description of our proposal.

*Please type and sign any enclosures. Enclosures may be self-prepared.

For more information please visit: www.isprs.org/foundation/

How I/We Wish the Donation to Be Used

- This contribution is **unrestricted** and shall be used to support all goals and programs of The ISPRS Foundation
- OR – check one or more of the following boxes**
- This contribution is **restricted*** for use to support my/our choice of the following goals and programs of The ISPRS Foundation
 - Research Initiatives** **Awards** **Travel Grants** **Awareness Education** **Tools/Literature**
 - Standards Projects** **E-Learning** **International Workshops** **Scholarships/Fellowships**
 - Internships & Exchange Programs** **Preservation & Archiving** _____ **Other (please specify)**

*To reduce administrative burden, the Trustees have established a minimum contribution for restricted gifts: 1000 US\$ or 1300 CHF or 1000 Euro for each box checked.

Donor Information

<input type="checkbox"/> Corporation / Association / Institution Name _____ (please print) By _____ (Title) Signature _____ (required) Address _____ _____ City & code _____ Country _____	OR	<input type="checkbox"/> Individual Name _____ (please print) Date: _____ (mo./da./yr.) E-mail _____ Phone _____
--	-----------	---