

I WANT TO SUPPORT THE ASHP RESEARCH AND EDUCATION FOUNDATION!

First Name _____ Middle Initial _____ Last Name _____
 Street Address _____ ASHP MEMBER ID _____
 City _____ State _____ ZIP _____
 Phone _____ E-mail _____

<i>Giving Levels</i>	
Benefactors	\$1,000-\$2,499
Stewards	\$500-\$999
Supporters	\$250-\$499
Contributors	\$100-\$249
Friends	Up to \$99

GIFTS WILL GO INTO THE FOUNDATION'S ANNUAL FUND UNLESS OTHERWISE DIRECTED BY DONOR.

**SINGLE GIFT
COMMITMENT**

**MULTI-PAYMENT
COMMITMENT**

MY DONATION TODAY IS IN THE AMOUNT OF
\$ _____

I PLAN TO CONTRIBUTE a total of \$ _____ via:
 \$ _____ per Month X _____ (#) payments, or
 \$ _____ per Quarter X _____ (#) payments
 Start Month/Year _____, End Month/Year _____.

PAYMENT METHOD (choose one):

- *Credit Card** (one-time deduction)
 Please **complete credit card information in the blanks below this box**, and then Fax this form to the secure computer described at bottom of this page.
- Check # _____ Date _____**
 Please make your check **payable to ASHP Foundation**. Mail the check with this completed form to the Foundation as noted at the foot of this page.

PAYMENT METHOD (choose one):

- *Credit Card** (deduct only as noted above)
 Please **complete credit card information in the blanks below this box**, and then Fax this form to the secure computer described at bottom of this page.
- 1st Check # _____ Date _____**
 Please make this and all subsequent payments **payable to ASHP Foundation with Pledge Payment** noted on the check. Mail as noted at the foot of this page.

*Credit card type: ___VISA ___MASTERCARD ___AMERICAN EXPRESS ___DISCOVER
 *Credit card #: _____ Exp. Date _____
 Name of Card Holder _____
 Signature of Card Holder _____

TRIBUTE (one per gift, please): **This gift is ___in HONOR of OR ___in MEMORY of _____**

Notification of this Tribute would be appreciated by the following person/family/organization:

Name _____ Relationship to honored individual _____
 Street Address _____
 City _____ State _____ ZIP _____

Please MAIL or FAX this form with your payment to:
ASHP Research and Education Foundation
 4500 East-West Highway, Suite 900, Bethesda, MD 20814
 Attn: Director of Development
 TEL# 301-664-8612; Secure FAX#301-634-5712

