

**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 (Home) \_\_\_\_\_ Phone (Ofc) \_\_\_\_\_ E-mail \_\_\_\_\_

**MY CONTRIBUTION was prompted by** \_\_\_\_\_

*Contributions made during the calendar year are totaled to elevate each donor to the highest qualifying gift club:*

<b>Platinum Circle</b> \$500,000 or more	<b>President's Club</b> \$25,000-\$49,999	<b>Benefactors</b> \$1,000-\$2,499
<b>Gold Circle</b> \$250,000-\$499,999	<b>Chairman's Club</b> \$15,000-\$24,999	<b>Stewards</b> \$500-\$999
<b>Silver Circle</b> \$100,000-\$249,999	<b>Directors Club</b> \$10,000-\$14,999	<b>Supporters</b> \$250-\$499
<b>Bronze Circle</b> \$50,000-\$99,999	<b>Patrons</b> \$5,000-\$9,999	<b>Contributors</b> \$100-\$249
	<b>Sponsors</b> \$2,500-\$4,999	<b>Friends</b> up to \$99

**SINGLE GIFT COMMITMENT**

**MY DONATION TODAY IS IN THE AMOUNT OF**

**\$** \_\_\_\_\_

**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.

**MULTI-PAYMENT COMMITMENT**

**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** (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.
- 1<sup>st</sup> 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 \_\_\_\_\_

**This tribute has special meaning to me because ...**

**The following person/family/organization would appreciate notification of this Tribute:**

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**  
**7272 Wisconsin Avenue, Bethesda, MD 20814**  
**Attn: Myrna Petersen, Director of Development**  
**TEL# 301-664-8871 Secure FAX#301-664-8895**  
*Myrna will reply with an e-mail to confirm receipt of your fax.*

**Thank you for supporting the ASHP Foundation**  
*and our mission to improve the health and well-being of patients in hospitals and health systems through appropriate, safe and effective medication use.*

