

I WANT TO SUPPORT THE ASHP RESEARCH AND EDUCATION FOUNDATION!

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Contributions throughout the year are combined to qualify donors for listing on our website in these donor clubs:

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| Friend of the Foundation (up to \$99) | Patron's Club (\$1,000-\$4,999) | President's Club \$25,000-\$49,999 |
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MY CONTRIBUTION was prompted by _____

**SINGLE GIFT
COMMITMENT**

**MULTI-PAYMENT
COMMITMENT**

MY DONATION TODAY IS IN THE AMOUNT OF
\$ _____

I PLAN TO CONTRIBUTE a total of \$ _____ via:

- \$ _____ each Month for _____ months, or
- \$ _____ every Three Months (Quarterly)
- Start Date _____ through End Date _____

PAYMENT METHOD (choose one):

PAYMENT METHOD (choose one):

- Check # _____ Date _____**
Please enclose check made **payable to ASHP Foundation** with this form, and mail it to the Foundation as noted at the bottom of this page.
- 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 _____**
is my first payment. All payments **payable to ASHP Foundation with Pledge Payment** noted on the check. Mail it to the Foundation as noted at the bottom of this page.
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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.

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 donation is made** in Memory of **OR** in Honor 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
 Attn: Myrna Petersen, Director of Development
 7272 Wisconsin Avenue, Bethesda, MD 20814
 TEL# 301-664-8871 Secure FAX#301-634-5971

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.

