



THANK YOU FOR YOUR CONTRIBUTION
to the
ASHP Research and Education Foundation
David A. Zilz Leaders for the Future Fund

DONOR NAME: _____ DATE: _____ (ASHP ID# _____)

E-MAIL: _____ Preferred PHONE: _____

ADDRESS: _____

My Contribution was prompted by: _____

**My Gift / Pledge to the David A. Zilz Leaders for the Future Fund is as follows
and I desire to contribute that in the following way:**

SINGLE GIFT \$ _____ or MULTIPLE PAYMENT PLEDGE total \$ _____:
 1 year 2 years 3 years

If multiple: I choose to pay (check in which year) at the rate of:

2013 , 2014 , 2015 : # _____ ANNUAL pymnt(s) of \$ _____ each, via check, or *credit card

2013 , 2014 , 2015 : # _____ QUARTERLY pymnts of \$ _____ each, via check, or *credit card

2013 , 2014 , 2015 : # _____ MONTHLY pymnts of \$ _____ each, via check, or *credit card

Pledge Start: Month _____, Year _____

Payment type (for either Single Gift or Pledge Payments):

CHECK # _____ enclosed and made payable to **ASHP Foundation**
(On the Check Memo Line note: "for Zilz Leaders Fund")

*CREDIT CARD: AmerExp Discover MasterCard VISA

Card Number: _____ Expiration Date _____

*This card will continue to be used only if multiple payments are indicated above.
The number will be kept secure by ASHP Finance Office per PCI compliance regulations.

Credit Card Signature: _____

ZILZ TRIBUTE COMMENT HERE (and/or additional gift instructions):

SIGNATURE: _____ **DATE:** _____

PRINT, SIGN, MAIL completed form with check to: ASHP Foundation, 7272 Wisconsin Ave, Bethesda, MD 20814

OR PRINT, SIGN, TRANSMIT completed form with credit card # via secure FAX# 301-664-8895