

My Pledge

I pledge and agree to pay AHLA the total sum of \$ _____ (100% tax deductible)

Select from the following. If additional arrangements are needed, please contact our staff.

Annual payment

Credit card and multi-year pledges will be mailed or emailed reminders for second and subsequent years and contacted for an updated card number if the credit card expires.

\$ _____ on ____ / ____ / _____
 \$ _____ on ____ / ____ / _____
 \$ _____ on ____ / ____ / _____
 \$ _____ on ____ / ____ / _____
 \$ _____ on ____ / ____ / _____
(amount) (month / day / year)

Recurring monthly payment by credit card

\$ _____ to be paid for
(installment amount)
 _____ months
(# of months)

or

monthly until notified to stop payments.

One-time gift

\$ _____ submitted on
(amount)
 ____ / ____ / ____
(month / day / year)

by check credit card
 stock transfer*

**Stock transfer instructions are available upon request.*

Signature _____ Date _____

ANNUAL GIVING CLUBS

Individual Giving Clubs

Visionary: \$2,500 or more
Leader: \$1,500-\$2,499
Benefactor: \$1,000-\$1,499
Patron: \$500-\$999
Contributor: \$250-\$499
Friend: \$100-\$249

Corporate Giving Clubs

Platinum: \$5,000 or more
Gold: \$2,500-\$4,999
Silver: \$1,000-\$2,499
Bronze: \$100-\$999

Expanding My Impact

Matching Gift

If your employer offers a matching gift program, you may be able to double your contribution.

I anticipate that my gift will be matched by *(specify company)* _____

Designate my gift

As a family gift _____ In honor of _____

In memory of _____ Please notify _____

(Note: Notifications will be made at time of pledge or upon payment)

Planned gift

Please contact me about including AHLA in my will, trust or life insurance. I have already included AHLA in my estate plans.

Donor Information

This is an individual gift or a corporate gift (specify company) _____

Name to appear on donor list as: _____ Anonymous donation, with no inclusion of your name in campaign listings.

My name _____

Street address _____ City _____ State _____ Zip _____

Email _____ Work Phone _____ Cell Phone _____

Payment Information

Online donation at: www.healthlawyers.org/donate

Check/Money Order (US dollars, payable to AHLA)

Please mail or fax all forms and payments to:

American Health Lawyers Association
 1620 Eye St NW, 6th Floor
 Washington, DC, 20006
 Secure Fax (202) 775-2482

When remitting credit card payment, consider an online donation or mail or fax securely. Please do not email credit card information.

AmericanExpress **Discover** **MasterCard** **Visa**

Name (in print) _____

Card number: _____

Expiration date: _____ Security Code: _____

Zip code of cardholder's billing address: _____

Thank you for your support! If you have any questions, please contact us at: 202-833-1100 or publicinterest@healthlawyers.org.

American Health Lawyers Association is a 501(c)(3) nonprofit organization. Our federal identification number is 23-7333380.

Public Interest activities are dedicated to improving the communities in which we live and work.