

My Pledge

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

ANNUAL 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

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

<p><input type="radio"/> Annual payment</p> <p><i>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.</i></p> <p>\$ _____ on ____ / ____ / _____</p> <p>\$ _____ on ____ / ____ / _____</p> <p>\$ _____ on ____ / ____ / _____</p> <p>\$ _____ on ____ / ____ / _____</p> <p>\$ _____ on ____ / ____ / _____</p> <p style="font-size: small;">(amount) (month / day / year)</p>	<p><input type="radio"/> Recurring monthly payment by credit card</p> <p>\$ _____ to be paid for <small>(installment amount)</small></p> <p><input type="radio"/> _____ months <small>(# of months)</small></p> <p>or</p> <p><input type="radio"/> monthly until notified to stop payments.</p>	<p><input type="radio"/> One-time gift</p> <p>\$ _____ submitted on <small>(amount)</small></p> <p>____ / ____ / ____ <small>(month / day / year)</small></p> <p>by <input type="radio"/> check <input type="radio"/> credit card</p> <p><input type="radio"/> stock transfer*</p> <p><small>*Stock transfer instructions are available upon request.</small></p>
Signature _____		Date _____

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

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

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

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

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

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.