

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.

LIFETIME GIVING CLUBS

- Greenburgs:** \$20,000-\$49,999
- Presidents:** \$10,000-\$19,999
- Fellows:** \$7,500-\$9,999
- Chairs:** \$5,000-\$7,499
- Directors:** \$2,500-\$4,999
- Partners:** \$1,000 - \$2,499
- Associates:** \$500-\$999
- Celebrators:** \$250-\$499
- Participators:** \$100-\$249
- Colleagues:** \$1-\$99

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 _____

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 msc@healthlawyers.org.

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