



Your Involvement

Growth as professionals, growth in philanthropy and growth in our Annual Fund is essential. Each year we need to invest dollars to remain viable and credible. This is where your involvement becomes so important. Your belief, commitment, and continued giving to the Association for Healthcare Philanthropy Foundation ensures that our vision of being the leading authority and resource in health care philanthropy is achieved. Please consider making a gift or pledge today.

AHP FOUNDATION ANNUAL FUND PLEDGE / GIFT FORM

I / We support the AHP Foundation Annual Fund with a gift/pledge of the following amount:

Personal Gift/Pledge Amount \$ _____
Organization Gift/Pledge Amount \$ _____
Amount enclosed \$ _____

NAME/TITLE: _____
ORGANIZATION _____
ADDRESS _____
CITY, STATE/PROVINCE _____
ZIP/POSTAL CODE _____
E-MAIL _____

Payment Options:

___ CHECK / ___ MASTERCARD / ___ VISA / ___ AMERICAN EXPRESS

CREDIT CARD # _____

EXPIRATION DATE _____ SECURITY CODE: _____

SIGNATURE _____

Please make check payable to the AHP Foundation (U.S.) or to the HDEF of Canada. For charitable tax receipts, Canadians should send their gifts to HDEF of Canada. **THANK YOU FOR YOUR SUPPORT!**

IN THE UNITED STATES

Please make checks payable to
The AHP Foundation, and send to:
**Association for Healthcare
Philanthropy Foundation**
2511 Jefferson Davis Highway
Suite 810
Arlington, VA 22202
Phone: (703) 532-6243
Fax: (703) 532-7170
www.ahp.org

IN CANADA

Donations to HDEF of Canada should be addressed to:
AHP Canada Council Treasurer
Ms. Kathy Alexander
Executive Director
Bluewater Health Foundation
89 Norman Street
Sarnia, ON N7T 6S3
CANADA
Phone: (519) 464-4438

Annual Fund Gift Clubs

\$500+ Distinguished Friends
\$250 - \$499 Benefactor's Roundtable
\$100 - \$249 Circle of Friends
Less than \$100 Foundation Donor

Pledges should be paid in full no later than December 31