



Yes, I want to make a tax-deductible contribution to the ACHCA 2016 Annual Giving Campaign!
No matter the amount, every gift counts. Your gift to ACHCA will support important programs and initiatives to advance excellence in post-acute and aging services leadership.

Pay by completing this portion of the form and **FAX** with card payment to (866) 874-1585 or **MAIL** check payments to: ACHCA Year-End Fundraiser, PO BOX 75060, Baltimore, MD 21275-5060. Conference attendees may return the form to the registration desk.

Member Name: _____
Member Number: _____ Email Address (for receipt) _____
Street Address: _____
City, State Zip: _____

I wish to remain anonymous, please do not publish my name

Here is my annual gift of:

- \$500
- \$250
- \$100
- \$50
- \$_____ (other amount)
- \$_____ Student Development (restricted fund to support student and AIT activities)

Fellow Academy Promise:

Are you a Fellow of ACHCA? Support your professional society and make a promise over 4 years.

I promise:

- \$1,000/year for 4 years
- \$500/year for 4 years
- \$250/year for 4 years
- \$_____ (other amount; must be over \$250)

Please make your first year gift payment today and we will invoice you for the next 3 years (2017, 2018, and 2019)

Check Enclosed (Payable in U.S. Dollars to ACHCA)

Please charge my credit card:

Visa MasterCard American Express Discover

Card Number: _____ Expiration: _____ Security Code: _____

Name as it appears on card: _____

Billing Address: _____ City: _____ State: _____

Signature of Cardholder: _____

The American College of Health Care Administrators thanks you in advance for your generosity.
Your donation is 100% tax deductible. ACHCA is a 501(c)3 non-profit organization - FEIN: 36-2637617