

MAIL-IN DONATION FORM

GIFT HA	FORMATIO	JN				
I Choose To	Donate					
□ \$50	\$100	□ \$250	□ \$500	\$1000	☐ Other	\$
Address						
City/State/Z	ZIP					
Email Addre	ess			Preferred Name	e for Recogn	ition
⊒ I would lil	ke my donatio	n to remain and	onymous			
I WOULD L	IKE MY DONA	ATION TO SUP	PORT:			
☐ Unrestrict	ted					
🗖 Leadershi	ip Scholars Fu	nd				
⊒ Alyssa L.	Bogetz Educa	tional Fund				
My check is	enclosed (Ple	ease make paya	ble to America	n Academy of I	Hospice and	Palliative Medicine
A one-time	donation. Plea	ase charge my:				
Credit Card	number:			CSC	Code	Expiration Dat
Name on Ca	ard:			Signatı	ure	
HONOR OF	MEMORIAL	GIFT INFORMA	ATION			
(OPTIONAL	_)					
This gift is:						
in honor of						

MAIL TO



AAHPM

Attn: Development Funds PO Box 3781 Oak Brook, IL 60522

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AAHPM is exempt under section 501(c)(3) of the IRS. This gift is tax deductible.