



AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE

# MAIL-IN DONATION FORM

## GIFT INFORMATION

### I Choose To Donate

\$50       \$100       \$250       \$500       \$1000       Other \$ \_\_\_\_\_

Name \_\_\_\_\_

Institution Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Email Address \_\_\_\_\_ Preferred Name for Recognition \_\_\_\_\_

I would like my donation to remain anonymous

### I WOULD LIKE MY DONATION TO SUPPORT:

- |  |  |
|--|--|
| <input type="checkbox"/> Unrestricted                      | <input type="checkbox"/> International Physician Scholarship Fund    |
| <input type="checkbox"/> Leadership Fund                   | <input type="checkbox"/> Hospice and Palliative Medicine Access Fund |
| <input type="checkbox"/> Alyssa L. Bogetz Educational Fund | <input type="checkbox"/> Next Gen Scholars Fund                      |

My check is enclosed (Please make payable to American Academy of Hospice and Palliative Medicine)

A one-time donation. Please charge my:

Credit Card number: \_\_\_\_\_ CSC Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature \_\_\_\_\_

## HONOR OR MEMORIAL GIFT INFORMATION

### (OPTIONAL)

This gift is:

in honor of \_\_\_\_\_

in memory of \_\_\_\_\_

## MAIL TO



AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE

**AAHPM**  
Attn: Development Funds  
PO Box 88019  
Chicago, IL 60680-8019

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

**AAHPM THANKS YOU FOR YOUR GENEROUS SUPPORT.**