



Annual Giving Campaign Individual Donation Form

Yes! I want to donate to the ASHFoundation! Please complete this form, print it out, and enclose it with your payment, payable to the American Speech-Language-Hearing Foundation. Mail to: ASHFoundation, 2200 Research Boulevard #105, Rockville, MD 20850-3289. Fax to: 301-296-8567.

Name (as you wish listed): _____

Address: _____

City, State, ZIP Code: _____

Phone number: _____

E-mail address: _____

I would like to support the Foundation as a/an:

- | | |
|---|--|
| <input type="checkbox"/> Benefactor (\$25,000 and above) | <input type="checkbox"/> Silver Founder (\$250 to \$499) |
| <input type="checkbox"/> Leadership Circle donor (\$10,000 to \$24,999 or more) | <input type="checkbox"/> Bronze Founder (\$150 to \$249) |
| <input type="checkbox"/> Pacesetter (\$5,000 to \$9,999) | <input type="checkbox"/> Founder (\$100 to \$149) |
| <input type="checkbox"/> Patron (\$2,500 to \$4,999) | <input type="checkbox"/> Associate (\$50 to \$99) |
| <input type="checkbox"/> President's Circle donor (\$1,000 to \$2,499) | <input type="checkbox"/> Contributor (\$25 to \$49) |
| <input type="checkbox"/> Gold Founder (\$500 to \$999) | <input type="checkbox"/> Other \$ _____ |

Amount enclosed: \$ _____

Is your donation being made in memory or in honor of someone special? If so, please complete the following:

In Memory of: _____

In Honor of: _____

Please send an acknowledgement card to:

Name: _____

Address: _____

City, State, ZIP Code: _____

I'm making a gift by Check Visa MasterCard.

Card #: _____

Expiration Date: _____

Signature: _____

The ASHFoundation is a 501(c)(3) nonprofit organization under the regulations of the Internal Revenue Service. All contributions to the Foundation are tax-deductible to the extent provided by law.

Thank you!