



## Annual Giving Campaign Organizational Donation Form

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

Organization (name as you wish listed): \_\_\_\_\_

Address: \_\_\_\_\_

City State, ZIP Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Contact name: \_\_\_\_\_

E-mail/Web site address: \_\_\_\_\_

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

- |  |  |
|--|--|
| <input type="checkbox"/> Leadership Circle (\$50,000 and above)  | <input type="checkbox"/> Associate Sponsor (\$500 to \$999)      |
| <input type="checkbox"/> Founder (\$10,000 to \$49,999)          | <input type="checkbox"/> Supporting Sponsor (\$250 to \$499)     |
| <input type="checkbox"/> Leading Sponsor (\$5,000 to \$9,999)    | <input type="checkbox"/> Contributing Sponsor (\$100 to \$249)   |
| <input type="checkbox"/> Patron Sponsor (\$2,500 to \$4,999)     | <input type="checkbox"/> Organizational Contributor (Up to \$99) |
| <input type="checkbox"/> Sustaining Sponsor (\$1,000 to \$2,499) |  |

Amount enclosed: \$ \_\_\_\_\_

Is this 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: \_\_\_\_\_

We are making this gift by  Check  Visa  MasterCard.

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*The ASH Foundation 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!***