AMERICAN HEALTH LAW ASSOCIATION

Pledge Agreement

This is ☐ an individual gift or ☐ a corporate gift (specify company) _____

Name to appear on donor list as: _____

My Name: _____ Email: _____

Street Address: _____

City: _____ State: _____

Phone: _____ Mobile: _____

My Pledge

I pledge and agree to pay AHLA the total sum of $ _____ *(100% tax deductible)*

Please designate my gift to the following fund:

- ☐ Anne H. Hoover Educational Fund
- ☐ IDEA Fund
- ☐ Areas of Greatest Need
- ☐ Health Law Leadership & Innovation Fund
- ☐ Michael F. Anthony Scholarship Endowment Fund

Select from the following. *If additional arrangements are needed, please contact our staff.*

☐ Annual payment

Credit card and multi-year pledges will be mailed or emailed reminders for second and subsequent years and contacted for an updated card number if the credit card expires.

$ _____ on __/__/____

$ _____ on __/__/____

$ _____ on __/__/____

$ _____ on __/__/____

$ _____ on __/__/____
(amount) (month / day / year)

☐ Recurring monthly payment by credit card

$ _____ to be paid for
(installment amount)

☐ _____ months
(# of months)

or

☐ monthly until notified to stop payments.

☐ One-time gift

$ _____ submitted on
(amount)

__/__/____
(month / day / year)

by ☐ check ☐ credit card

☐ stock transfer*

**Stock transfer instructions are available upon request.*

Signature _____ **Date** _____

Expanding My Impact

Matching Gift

☐ My employer offers a matching gift program, and I can double my contribution

☐ Contact me about a matching gift program

Designate my gift

☐ In honor of _____

☐ In memory of _____

☐ Please notify *(Notifications will be made at time of pledge or upon payment)*

Planned gift

☐ Contact me about giving a gift that lasts through bequests, life insurance, and retirement plans.

☐ I have already included AHLA in my estate plans.

Lifetime Giving Clubs

CIRCLE OF EXCELLENCE: $1 million or more
CHAMPIONS: $250,000–$999,999
VICTORY SOCIETY: $100,000–$249,999
GOLD CENTURY: $50,000–$99,999
GREENBURGS: $20,000–$49,999
PRESIDENTS: $10,000–$19,999
FELLOWS: $7,500–$9,999
CHAIRS: $5,000–$7,499
DIRECTORS: $2,500–$4,999
PARTNERS: $1,000 – $2,499
ASSOCIATES: $500–$999
CELEBRATORS: $250–$499
PARTICIPATORS: $100–$249
COLLEAGUES: $1–$99

Payment

☐ Online Credit Card Donation* at: **www.americanhealthlaw.org/donate**

☐ Check/Money Order, made payable to **American Health Law Association**

Please mail or fax all forms and payments to:

American Health Law Association
PO Box 79340
Baltimore, MD 21279
Secure Fax (202) 775-2482

** When remitting credit card payment, please make a secure online donation. Please do not mail, fax or email credit card information. If you need further assistance, please contact our office directly at 202-833-1100.*

Thank you for your support!

If you have any questions, please contact us at: 202-833-1100 or msc@americanhealthlaw.org.

American Health Lawyers Association is a 501(c)(3) nonprofit organization. Our federal identification number is 23-7333380.

Philanthropic Interests Areas

I am interested in learning more about:

☐ AHLA's areas of greatest need

☐ Anne H. Hoover Educational Fund

☐ Health Law Leadership & Innovation Fund

☐ IDEA Fund

☐ Michael F. Anthony Scholarship Endowment Fund