



APHA Donation Form

Thank you for making a donation to the American Public Health Association. Your donation will help support our programs and our ongoing commitment to improve the public's health and achieve equity in health status for all.

Giving Levels: \$1,000 and above: Public Health Benefactor
\$ 500 - \$999: Public Health Legacy Society
Under \$500: Friend of Public Health

Please Accept my gift of:

\_\_\_\_\_ \$25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$100 \_\_\_\_\_ \$500 \_\_\_\_\_ \$1,000 \_\_\_\_\_ \$ Other

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

I would like to charge my gift to Visa/MasterCard/American Express (please circle one).

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on your credit card \_\_\_\_\_

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

signature is required if donating by credit card

\_\_\_\_\_ My organization will match my gift (please enclose appropriate documents).

\_\_\_\_\_ I wish my donation to be anonymous.

Please send your donation to: American Public Health Association
Annual Campaign
800 I Street, NW
Washington, DC 20001-3710
(202) 777-2534 (fax)

APHA is classified by the IRS as a non-profit 501(c)(3) organization. Gifts are tax-deductible to the full extent allowed by the law. APHA's tax identification number is 13-1628688.