



DONATION FORM

Gift Levels

- Public Health Champion - Platinum (\$25,000 and above)
- Public Health Champion - Gold (\$10,000 - \$24,999)
- Public Health Champion - Silver (\$5,000 – \$9,999)
- Public Health Benefactor (\$1,000 - \$4,999)
- Public Health Legacy Society (\$500-\$999)
- Friends of Public Health (\$499 and under)

Use my donation for:

<input type="checkbox"/> Where it is needed
<input type="checkbox"/> Retire Building Debt
<input type="checkbox"/> National Public Health Week
<input type="checkbox"/> Advocacy

I pledge a total \$ _____ toward the future of public health.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Payment Method

My gift will be paid as follows:

- Paid in full by check payable to APHA Annual Campaign.
- Pledge annual gift of \$ _____, due to APHA _____ of each year.

Credit Card Payments

- Please charge my credit card for:
 - The full amount of my gift
 - My first pledge payment or recurring gift payment

Credit Card Type: VISA MasterCard AMEX

Credit Card #: _____ Exp Date: _____

Name as it appears on your card: _____

Signature: _____

- Use this credit card information for my future pledge payments/annual gifts.

Please make check payable to APHA or visit our Web site to donate online at www.apha.org/about. For more information, contact Deborah Dillard at (202) 777-2442 or deborah.dillard@apha.org

Please fax your pledge form to **(202) 777-2534** or mail to: **APHA Annual Campaign, 800 I Street, NW, Washington, DC 20001**