



American College Health Foundation

Celebrate the past – Value the present – Build for the future

891 Elkridge Landing Rd., Ste. 100, Linthicum, MD 21090 ♦ (410) 914-5575 ♦ mproudfoot@acha.org

Contribution Form

I would like to help build a foundation for the future of college health by making a contribution in the amount of:

- \$ 10,000 Legacy Honor Roll – Ruby Level Donor
- \$ 5,000 Platinum Level Donor
- \$ 2,500 Gold Level Donor
- \$ 1,000 Silver Level Donor
- \$ 500 Distinguished Donor
- Other \$ _____

To the following fund(s):

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- Foundation Endowment Fund** – an unrestricted fund that supports specific projects and activities benefiting ACHA members and the field of college health
 - Murray DeArmond Student Activity Fund** – supports educational activities and events benefiting groups of students at annual meetings
 - Clifford B. Reifler Fund** – provides support to enhance the Journal of American College Health
 - Health Promotion in Higher Education Fund** – provides support to promote and enhance health promotion and prevention services in higher education
 - Josh Kaplan Fund for Clinical Medicine** – supports professional development activities and projects that focus on the practice of clinical medicine
 - UnitedHealthcare StudentResources Fund** – an unrestricted fund that supports annual meeting programming and professional development activities, benefiting ACHA members
 - Gallagher Koster Innovative Practices in College Health Fund** – provides grants to help fund the development of creative solutions to allow students better access to quality healthcare
 - Ayers/Battle/Thomas Diversity Fund** – support efforts to encourage and promote diversity within ACHA and institutions of higher education by addressing ethnic health related issues
 - Professional Nursing Fund** – supports, enhances, develops and/or creates nursing activities within ACHA
 - Aetna Student Health Fund** – an unrestricted fund that supports any project or activity benefiting ACHA members and the college health field.

Your contribution can be made in memory of, or in honor of a colleague or loved one.
Please list the name and contact information below so we can send notification of your gift:
Please check one: In memory of () In honor of ()

Name _____

Address _____

Please complete the following information:

Contributed by: _____

Institution: _____

Preferred Address: _____

E-mail: _____ Phone: _____

(Note: If contributed by an organization or group, please provide a contact name.)

Choose a Payment Method:

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Pledge Payments - Please indicate the number of payments and amount:
_____ payments of _____ each. Enclose first payment or, if pledging
by credit card, indicate the month to begin automatic payments _____

Credit Card Visa Master Card American Express

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Signature _____

Please return this form with your contribution to:

***American College Health Foundation
891 Elkridge Landing Road, Suite 100
Linthicum, MD 21090
(Please make checks payable to ACHF)
To contact ACHF:
(410) 914-5575
E-mail: mproudfoot@acha.org***