



Contribution Form

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

- \$35,000 Sapphire Donor \$25,000 Emerald Donor \$15,000 Diamond Donor
 \$10,000 Ruby Donor \$5,000 Platinum Donor \$2,500 Gold Donor
 \$1,000 Silver Donor \$500-\$999 Bronze Donor \$100 - \$499 Friend Other Amount

to the following fund(s):

- ACHF General Fund:** this unrestricted fund supports the work of the Foundation.
- Aetna Student Health Fund:** this fund supports projects and activities benefitting college health.
- Ayers/Battle/Thomas Diversity Fund:** earnings from this fund are used to encourage and promote diversity within ACHA institutions of higher education by addressing the health issues of minority and LGBTQ+ students.
- Clifford B. Reifler Fund:** this fund was established through a generous bequest from the estate of the late Dr. Reifler. The earnings from this fund are used exclusively to enhance the Journal of American College Health, an official publication of ACHA.
- Foundation Endowment Fund:** earnings from this fund are used to support special projects and activities benefitting the field of college health as determined by the ACHF board in conjunction with the ACHA executive director.
- 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.
- Kathy Mac Fund:** earnings from this fund will offer funding to partially offset meeting registration, hotel, and travel expenses to attend the ACHA Annual Meeting. The scholarships are granted to nursing students and nurse practitioners who demonstrate a strong interest in improving the well-being of the students, faculty, and staff that they serve.
- Murray DeArmond Student Activity Fund:** benefits the American College Health Association's Student/Consumer Section at ACHA's Annual Meetings. Disbursements will be determined and approved by a majority of the ACHF Board of Directors. Funding is also used to support ACHF Student Travel Awards. Disbursements are determined and approved by a review committee appointed by the ACHF Board.
- Professional Nursing Fund:** supports, enhances, develops and/or creates nursing activities within ACHA.
- Stephan D. Weiss, PhD Mental Health Fund for Higher Education:** supports efforts to promote and improve the quality of mental health care to college students. Disbursements may include financial awards or funding support for educational activities at ACHA meetings. The Fund provides support in perpetuity for the Dorosin Lectures at ACHA meetings. Disbursements will be determined and approved by a majority of the ACHF Board of Directors with approval from the fund benefactor.



- TKoster's Charitable Fund Innovated Health Care Grant:** this fund supports student health centers in the development of innovative practices that promote broader access to quality health care for students.
- UnitedHealthcare Student Resources Fund:** supports annual meeting programming and professional development activities, benefitting ACHA members.

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 () Foundation Star* ()

Name _____

Address _____

**Foundation Star: in honor of someone's dedicated service to the field of college health*

Please complete the following information:

Contributed by: _____

Institution: _____

Preferred Address: _____

Email: _____

Phone: _____

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

I would like to be contacted about donating to the ACHF Bequest Society.

Choose a Payment Method: Check (enclosed) (Please make checks payable to ACHF) 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

Cardholder's Name _____

Card Number _____

Exp. Date _____ CVS _____ Billing Zip Code _____

Signature _____

Please return this form with your contribution to:

American College Health Foundation

ATTN: Accounting, 8455 Colesville Road, Suite 740 Silver Spring, MD 20910

Prefer to donate online?

Visit our website at www.acha.org/Donate or donate by Venmo (username: [@ACH_Foundation](https://www.venmo.com/@ACH_Foundation))