



## Annual Giving Campaign Commitment Form

### Donor Information

Name					
Company					
Address					
City		State		Zip code	
Telephone		Email			

To support the goals of the ACHF Annual Giving Campaign, I (we) donate/pledge:

☐ \$1,989 ☐ \$1,000 ☐ \$500 ☐ \$250 ☐ \$100 ☐ Other \_\_\_\_\_

☐ To be paid: ☐ now ☐ monthly ☐ quarterly ☐ yearly

☐ I (we) will make my gift(s) via: ☐ Check ☐ Credit Card ☐ Donor-Advised Fund ☐ Appreciated Securities

☐ Please process payment(s) in the following month(s): \_\_\_\_\_

OR

☐ I (we) would like to set up a recurring gift via credit card of \$\_\_\_\_\_ per month. Please begin payments starting \_\_\_\_\_ (Month/Year).

### CREDIT CARD INFORMATION

☐ Credit card billing address is the same as above.

Cardholder's Name	Billing Address	City	State	ZIP Code

Credit Card: ☐ Visa ☐ Master Card ☐ American Express

Card Number	Expiration Date	Security Code

Name(s) for Donor Recognition Purposes:

☐ I wish to remain anonymous.

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### Special Notes:


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Signature

Date

Please make checks payable to ACHF and return this form to [achf@acha.org](mailto:achf@acha.org) or via mail:  
8455 Colesville Rd., Suite 740, Silver Spring, MD 20910