



AHRA Education Foundation Donation Form



Member Appeal

Your voluntary contribution to the AHRA Education Foundation is deductible as a charitable contribution

Donation Information

I agree to give the total amount of: \$ _____ to the AHRA Education Foundation.

One-time: \$40.00 \$50.00 \$100.00 Other (specify) \$ _____

Monthly (auto charge): \$5.00 \$10.00 \$ 20.00 Other (specify) \$ _____

Donor Information

Donor Name: _____

I am a: Member of the AHRA and my ID number is: _____ Non-Member

Phone Number: (_____) _____ - _____ Title: _____

Company: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____@_____._____

Referred By: _____

In Memory or Honor of: _____

Payment Information

Check (enclosed, payable to AHRA Education Foundation)

Credit Card (check one): Visa MasterCard American Express

Card Number: _____

Expiration Date: _____ CVV Code: _____

Billing Address (if different than address above): _____

City: _____ State: _____ Zip: _____

I authorize the AHRA Education Foundation to automatically debit the credit card above.

Signature: _____

Please return this form by mail or fax:

AHRAEF

490-B Boston Post Road, Suite 200

Sudbury, MA 01776

Phone: (978) 443-7591 | Fax: (978) 443-8046