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