



ASHP Foundation Donation Form

Daniel M. Ashby Fund for Excellence in Pharmacy Residency Training

Thank you for your donation to the ASHP Foundation! We appreciate your generous and meaningful support!

Donor Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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DONATION INFORMATION

I give/pledge:

- \$ 1,000
- \$ 500
- \$ 250
- \$ 100
- \$ _____

My gift will be:

- One-time gift**
- Multi-payment pledge, to be distributed as follows:**
 - \$ _____ per month X _____ (#) payments, or
 - \$ _____ per year X _____ (#) payments
- Start MM/YYYY _____, End MM/YYYY _____

Payment by CHECK: Check # _____ Date: _____

Please make all checks payable to the ASHP Foundation, noting "donation" or "pledge payment" on the check.

Payment by CREDIT CARD:

For a one-time gift or monthly pledges: Please make your payment or establish your pledge securely and directly on the www.ashpfoundation.org website.

For multi-year pledges with annual payments: Please complete and return this form. We will send you courtesy payment reminders based on the schedule you established with instructions on how to pay securely online.

Please SCAN AND EMAIL or MAIL this form with your payment to:

ASHP Foundation • 4500 East-West Highway, Suite 900 • Bethesda, MD 20814
Phone: (301) 664-8612 • EMAIL: rburriss@ashp.org

The ASHP Research and Education Foundation is a 501(c)3 non-profit organization (Federal tax ID# 23-7033369) and all contributions are tax deductible to the extent allowed by law.