

*Yes! I want to help the ACCP Foundation support the advancement of pharmacy research, scholarship, and practice.*

**Please arrange for my pledge to be paid by (check one):**

Check (enclosed)

American Express    Discover    MasterCard    VISA

Name on Card \_\_\_\_\_

Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_

Security ID Code (3 or 4-digits) \_\_\_\_\_

Signature \_\_\_\_\_

**My/our pledge is:**

A one-time payment of \$ \_\_\_\_\_

Monthly payments of \$ \_\_\_\_\_

Indefinitely

One Year

Quarterly payments of \$ \_\_\_\_\_

Indefinitely

One Year

- You may cancel your pledge at any time
- Save a stamp!
  - Donate today online at [www.accpfoundation.org/pledge](http://www.accpfoundation.org/pledge)
  - Fax completed form to (913) 492-0088

**Thank you for supporting  
the Frontiers Fund!**



Name(s): \_\_\_\_\_

ACCP Membership ID (if known): \_\_\_\_\_

E-mail: \_\_\_\_\_

Name(s) of donor to be listed on our website: \_\_\_\_\_

My company \_\_\_\_\_ will match my gift.

### Annual Donor Levels

- Diamond Donor \$2,500 and up
- Platinum Donor \$1,000-\$2,499
- Gold Donor \$500-\$999
- Silver Donor \$100-\$499
- Bronze Donor up to \$100

### Gift Planning

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- Send me information about the ACCP Foundation Legacy Society
- I would like to speak with someone about remembering the ACCP Foundation in my estate or will
- I have remembered the ACCP Foundation in my estate or will

*All inquiries are treated with complete confidentiality.*



**ACCP Foundation**  
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