

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/donate
 - 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

- 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
13000 W. 87th St. Parkway
Lenexa, KS 66215
(913) 492-3311