

A Pledge to the Fund for Innovation in Healthcare Leadership



Foundation of the
American College of
Healthcare Executives
for leaders who care[®]

A pledge to the Fund for Innovation in Healthcare Leadership must be a minimum of \$500 per year for at least 3 years. Pledges will be recognized for the full amount of the pledge each year a contribution is received toward it. The Foundation of the American College of Healthcare Executives relies on your pledge in planning and executing future programs.

I (we) hereby agree to make a charitable contribution to the Fund for Innovation in Healthcare Leadership in the amount of

\$ _____

Signature(s)

Date

Full Name(s) and/or Organization (As gift should be listed)

Address

City

State

Zip

Phone

E-mail

I prefer that my contribution remain anonymous.

Enclosed is my payment of \$ _____.

The balance of my pledge will be paid as follows:

(The Foundation will provide you with a reminder-invoice 30 days prior to scheduled pledge payment.)

| Month | Year | Amount |
|-------|-------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Enclosed is my check payable to the Foundation of the American College of Healthcare Executives

Please charge my contributions to my credit card: Visa MasterCard Amex Discover

Cardholder's Name (please print)

Cardholder's Signature

Account Number

Exp. Date

My company has a matching gift program; I have enclosed the related forms.

Please return this form to the Foundation of the American College of Healthcare Executives /
Fund for Innovation in Healthcare Leadership / 3376 Eagle Way / Chicago, Illinois / 60678-1033
or via fax to Laura Wilkinson, assistant director, Development at (312) 424-2822.
If you have any questions, please call (312) 424-9305.