

Yes, I want to help develop Healthcare Leaders of Tomorrow!

For proper recognition, please provide the following information:

FULL NAME AND/OR ORGANIZATION (AS GIFT SHOULD BE RECOGNIZED)

ADDRESS				
CITY	STATE		ZIP	
PHONE	EMAIL			
SIGNATURE				
Enclosed please find my gift o	f\$	for 2024.		
Payable to the Fund for Heal	thcare Leadership			
I would like to learn more about the Legacy Circle. The Legacy Circle honors the generous individuals who have included the Foundation of ACHE in their estate plans via will, trust or planned gift. I would like to learn more about a Multiyear Pledge. The minimum to participate is \$500 per year for a three-year period, consideration is given to larger pledges for up to five-			For additional information or to make a contribution, please contact: Timothy R. Tlusty VP Development	
year period.			Phone: (312) 424-9305 ttlusty@ache.org ache.org/Fund	
Corporate Matching Gifts:			Mail completed form and contribution to:	
If you work for a company that has a gift-matching program, you may be eligible to have your personal gift to the Fund matched.			Fund for Healthcare Leadership 3376 Eagle Way Chicago, IL 60678-1033	
I work for a company wit	h a matching gift progra	m.		
Name:			As a 501 (c)(3) charitable organization, contributions to the Foundation of the American College of Healthcare Executives	
Potential matching gift amount: \$			are deductible for federal income tax purposes as provided under the Internal Revenue Code. Donors should consult their own tax advisor regarding the specific	

deductibility of their charitable contributions.