



**Commitment to help develop
Healthcare Leaders of Tomorrow**

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

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

I wish to make a make a **Multiyear Pledge** of \$ _____ to the Fund for Healthcare Leadership.
A pledge to the Fund for Healthcare Leadership must be a minimum of \$500 per year for at least three years, consideration will be given to larger amounts for up to five years. A pledge will be recognized for the full amount each year of the pledge.

The Multiyear Pledge will be paid according to the following schedule:

Amount	Month	Year
		2024
		2025
		2026
		2027
		2028

ACHE will send an invoice annually, on the first of each month designated for payment of a Multiyear Pledge.

SIGNATURE

DATE

For additional information, please contact:

Timothy R. Tlusty, VP Development
 Phone: (312) 424-9305 ttlusty@ache.org

ache.org/Fund

Please see next page for additional information

As a 501 (c)(3) charitable organization, contributions to the Foundation of the American College of Healthcare Executives 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.

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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.

Private Foundations and Donor Advised Funds:

IRS regulations prohibit a private foundation or a donor advised fund from making a gift toward the personal pledge of an individual. If you have a private foundation or donor advised fund and may make one or more gifts toward this commitment from it, please indicate below. A pledge can be made from a private foundation but the commitment form needs to be signed by an official of the foundation. Gifts from individuals can be made toward the pledge of a foundation, but not vice versa.

Yes I/We have a private foundation. Name: _____
Address: _____

Yes I/We have donor advised fund. Name: _____
Administrator: _____

Corporate Matching Gifts:

If you work for a company that has a matching gift program, you may be eligible to have your personal gift to ACHE matched. Corporate matching gifts are contributions from the corporation, and you will receive recognition credit for the amount of each matching gift received. Corporate matching gifts cannot be included in the amount of your personal pledge and cannot reduce your personal pledge.

I work for a company with a matching gift program.

Name: _____

Potential matching gift amount: \$ _____

Please email your completed form to: Timothy R. Tlusty
VP Development
ttlusty@ache.org

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