



## AHRA Education Foundation's 2023 Annual Appeal

### Payment Schedule

I agree to give the total amount of: \$ \_\_\_\_\_ to the AHRA Education Foundation in 2023.

**One-time:**       \$500.00     \$250.00     \$100.00     \$50.00     Other \$ \_\_\_\_\_

**Monthly (auto pay):**  \$100.00     \$50.00     \$25.00     \$10.00     Other \$ \_\_\_\_\_

Please begin payment on (Month/Day/2023): \_\_\_\_\_

### Donor Information

Donor Name: \_\_\_\_\_

I am a:  Member of the AHRA and my ID number is: \_\_\_\_\_  Non-Member

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

### Method of Payment

Check (payable to AHRA Education Foundation)

Credit Card (check one):     Visa     MasterCard     American Express     Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Billing Address (if different than address above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I authorize the AHRA Education Foundation to automatically debit the credit card above.

Signature: \_\_\_\_\_

**Please return this form by mail, fax, or email:**

AHRA Education Foundation  
2 Mount Royal Ave, Suite 201  
Marlborough, MA 01752  
[Foundation@ahra.org](mailto:Foundation@ahra.org)

*The AHRA Education Foundation is a non-profit charitable organization under Section 501(c)(3). Contributions to AHRA Education Foundation may be deductible as a charitable contribution for Federal Income Tax purposes. Please consult your tax advisor.*