



# DONATION FORM

**Tax-Deductible Donation Amount** (Please circle one):

\$1000   \$500   \$250   \$100   \$50   Other amount \$

**Donor Information** (\*Please note required fields marked with an asterisk):

\*First name: \_\_\_\_\_ MI: \_\_\_\_ \*Last Name: \_\_\_\_\_

\*Home Address: \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_ \*Country \_\_\_\_\_

Home phone \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Credit Card Information** (if applicable):

Credit Card Number: \_\_\_\_\_ Exp. Date( Month/Year): \_\_\_\_\_

Name of cardholder as it appears on the card: \_\_\_\_\_

Is the address above the billing address for this credit card? Yes No (circle one)

If no, please indicate the billing address for the credit card:

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

If paying by check, please make payable to: **American Social Health Association**  
Development Department  
PO Box 13827  
Research Triangle Park, NC 27709

**I would like my donation to support the following programs** (check all that apply):

- General Fund
- Sexually Transmitted Infections Resource Center (includes Herpes Resource Center)
- HPV and Cervical Cancer Prevention Resource Center
- Research fund (General) *For more information on the general fund, call 919.361.3125.*
- Herpes research (Clinical)
- Herpes research (Patient/healthcare provider education)
- Endowment which will ensure that the American Social Health Association can provide services to the current as well as future generations. Donors can establish a named endowment with an investment of \$10,000. This is a wonderful way to create your own legacy, or to honor your family or a family member and ensure the continued excellence of ASHA's programs and services.

**If desired, you may designate this donation as a gift:**

This gift is in MEMORY of:  
 Please send an acknowledgement to:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

This gift is in HONOR of:  
 Please send an acknowledgement to:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Thank you for your support!**