AALAS FOUNDATION Contribution Form

Donation type: ☐ Individual ☐ Branch ☐ Corporate

Date _____ AALAS Member Number_____

Name _____

Title _____

Organization_____

Street address _____

_____

City_____ State _____Zip_____

Phone _____ Email _____

☐ Please accept this gift of $_____ to the AALAS Foundation.

☐ Please accept this gift of $_____ to the AALAS Foundation in memory of _____.

☐ Please accept this pledge of $_____ to the AALAS Foundation to be paid $_____ each year for _____ years.

Date when pledge payments begin (credit card to be charged) _____

Please use this gift or pledge for the (choose one): ☐ General Fund ☐ Endowment Fund

Method of payment: ☐ Check ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

				Month	Year

Account Number—please include all digits

Expiration Date

Name on card _____

Phone number _____

Credit card billing address_____

_____

City_____ State _____Zip_____

Signature_____ (no refunds or cancellations)

AALAS Foundation Donor Levels*

Advocate.....$1–99	Friend $2,000–4,999	Benefactor $10,000–19,999
President.....$100–499	Supporter $5,000–9,999	Founder.....$20,000 and up
Platinum.....$500–1,999		

*Donor levels are based on total annual giving from January 1st through December 31st. This total includes monetary gifts & pledge payments, not the total amount pledged, during this time period.

AALAS Foundation • 9190 Crestwyn Hills Dr. • Memphis, TN 38125. (901) 754-8620 • Fax (901) 753-0046 • aalasfoundation.org • foundation@aalas.org

Your gift to the AALAS Foundation, a 501(c)3 nonprofit organization, is tax deductible to the full extent provided by law. Tax ID#: 62-1782656.