# CHARITABLE GIFT FORM

The PA Foundation is a 501(c)(3) non-profit organization. All contributions to the Foundation are tax-deductible. The Foundation’s tax identification number is 54-1071370.

Date________________

**Contact Information**

Name (first, last, suffixes) ________________________________________________

Address ____________________________________________________________________

City, State/Province, ZIP/Postal Code __________________________________________

Phone __________________________ Email ________________________

**Gift Information**

Amount

- $50
- $100
- *$240
- $500
- $1,000
- $_____

*Become a Health Guardian with a gift of $240 or more*

Frequency

- One time
- Monthly
- Quarterly

**Memorial and Tribute Gifts**

If this is a gift to honor or remember a colleague, friend, family member or loved one, complete the following:

- In memory of
- In celebration of
- For the anniversary of
- In honor of
- For the birthday of

Name of honoree: ________________________________

Please notify the following individual of this gift:

Name __________________________ Email __________________________

Address __________________________ City, State/Postal Code __________________________

Message to share ____________________________________________________________________

**Payment Information**

- Check*
- AmEx
- Discover
- MasterCard
- Visa

Credit card account number __________________________ Expiration date ___________ CVV ______

Cardholder signature __________________________ Date __________________________

*Make check payable to PA Foundation.

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Please return this completed form to:

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