

American Academy of Allergy, Asthma & Immunology Foundation, Inc. (AAAAI Foundation) Donation Form



Funding research that leads to the prevention and cure of asthma and allergic and immunologic disease.

Donor Information (please print or type)

Name: _____ Member#: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone 1: _____ Phone 2: _____

E-mail: _____

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have this gift remain anonymous.

Gift Designation

If you choose not to enter a designation your donation will be applied to our Area of Greatest Need.

Payment Information

Single Gift: Amount \$ _____

Monthly Gift: Amount \$ _____ (each month)

Starting on: ____/____/____ Bill my card on 1st of the month or 15th of the month

Pledge: I (we) pledge a total of \$ _____ to be paid: quarterly yearly – beginning on _____.

Installment amounts of \$ _____ x _____ payments = \$ _____ pledge total.

I (we) plan to make this contribution in the form of: cash check credit card other.

Gift will be matched by (company/foundation) _____

Please make checks or corporate matches payable to: **AAAAI Foundation**

Credit card type _____ Exp. date _____

Credit card number _____

Authorized signature _____

Please return donation form to:

AAAAI Foundation
555 East Wells Street, Suite 1100
Milwaukee, WI 53202

T: (414) 272-6071 • F: (414) 272-6070 • foundation@aaaai.org

The American Academy of Allergy, Asthma & Immunology Foundation Inc. (AAAAI Foundation) Formerly the ARTrust™ is a 501 (c) (3) tax-exempt organization, the tax ID number is 45-1495723. No goods or services were provided by the AAAAI Foundation in return for this contribution. Your contribution is deductible to the fullest extent allowed by law.