

AMERSA Capital Campaign Donor Information

Helping Health Professionals Reduce Substance Abuse

YES, I am pleased to contribute to the AMERSA Capital Campaign!

Check here if you wish your contribution to be dedicated to an individual(s) and list name(s) below.

In Memory of _____

In Honor of _____

Name of individual contributing: _____

Name of institution contributing (if applicable): _____

Name of corporation contributing (if applicable): _____

Address: _____

City/State: _____ Zip code: _____

Telephone number: _____ Email: _____

Check here if you do not want the contributor listed in the program.

Check here if you do not want the contribution amount listed in the program.

AMERSA is a nonprofit organization under Section 501(c)(3) of the Internal Revenue Code.
All contributions are tax deductible to the full extent allowable by law.

My total contribution is: _____

Please choose one of the following options for your contribution.

- Total contribution enclosed today (any amount)
- Half of contribution enclosed today with pledge for second half (\$250 minimum total contribution, in 6 months AMERSA will send a reminder invoice)
- Monthly contribution by credit card (\$250 minimum total contribution)
Please divide my total contribution into _____ equal monthly charges to begin upon receipt (maximum of 12).

Payment made by: Check payable to AMERSA Capital Campaign Fund

Visa MasterCard American Express

Credit card authorization:

Card number: _____ Exp. date: _____
(Must be after date of last planned charge)

Name on card: _____

Credit card billing address: _____

City/State: _____ Zip code: _____

Signature: _____

Please return this form and payment to: AMERSA National Office
125 Whipple Street, 3rd Floor
Providence, RI 02908

www.amersa.org

Questions: Please contact Doreen@amersa.org or call 401-243-8460