



Contribution Form

Please type directly into the form fields. Then print, sign, and fax to 901-753-0046. For best results, use version 8.0 of Adobe Acrobat, which can be downloaded for free at www.adobe.com. If paying by check, please mail to Foundation at address at the bottom of the form.

Individual Branch Corporate
(please choose donation type)

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 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

Card # _____ Exp. 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.

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