

MAKE A SPECIAL CONTRIBUTION TO AHHA



The Free and Impartial
Wellness Resource
Connecting You to the
Power of Choice

Use this form if...

- You are not currently an AHHA member and wish to make a special contribution without becoming a member.
- You are currently an AHHA member and wish to make an additional contribution.

PLEASE TYPE OR PRINT CLEARLY

GENERAL CONFIDENTIAL INFORMATION:

Full Name: _____ Organization: _____

Street Address: _____

City: _____ State: _____ Zipcode: _____ Country: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email: _____ Website: _____

This contribution is from an individual a company

CONTRIBUTION INFORMATION:

AHHA is a designated 501(C)(3) - Tax ID# 33-041271

Contributions are tax deductible as allowed by law

I support AHHA with this special contribution \$ _____

SPECIAL NOTES:

You may designate this special, non-membership contribution towards a specific AHHA project or donate in honor of or in memory of a special person. Use this space to explain your wishes and provide AHHA any details.

SUBMITTAL OPTIONS:

Check Money Order Credit Card: Visa MasterCard Discover *If payment by credit card, fill in the following:*

• CREDIT CARD NUMBER _____ Expiration Date _____

• NAME as it appears on the credit card _____

• FULL BILLING ADDRESS for the credit card _____

• SIGNATURE of card holder _____ DATE _____

AHHA will submit your credit card transaction and notify you of the authorization code.

Return completed application and membership contribution to:

AHHA • PO Box 17400 • Anaheim, CA 92817-7400
Refer questions to 714.779.6152 • ahha.org • mail@ahha.org