

JCAHPO Donation Form

Yes! Please acknowledge my tax-deductible gift to the JCAHPO Education and Research Foundation, Inc.

Visionary Society: \$500 \$700 \$1,000+

Contribution Amount: \$50 \$100 Other \$ _____

Pledge Amount: \$ _____

Enclosed: \$ _____

Balance: \$ _____

Balance to be paid: \$ _____

bi-annually quarterly monthly bi-monthly

**Gifts over \$300 may be pledged over a three-year period.*

Deduct my pledge from my credit card automatically, as indicated above, until I notify to discontinue.

Please apply my donation to (check one):

General Fund

Scholarships and Grants

Training Program

Continuing Education

Certification

Designated to a specified fund as indicated below

Budd Appleton, MD, Memorial Scholarship Fund

Virginia S. Boyce Endowment Fund

Tyree Carr, MD, Scholarship Fund

Barbara Cassin Memorial Fund

Charles Douglas Memorial Scholarship Fund

Peter Y. Evans, MD, Scholarship Fund

Marina V. (Evans) Armstrong Fund

Alice O. Gelinis Endowment Fund

Arthur H. Keeney, MD, Memorial Fund

Harold A. Stein, MD, Endowment Fund

Phil H. Weber Memorial Scholarship Fund

Past Presidents' Emergency Fund

World Vision Fund

Please send me information on how I may reduce my estate taxes through a permanent Legacy Gift to the JCAHPO Education and Research Foundation, Inc.

Donation Options

Check (made payable to the JCAHPO Education and Research Foundation, Inc.)

VISA/MASTERCARD **DISCOVER** **AMEX**

Credit Card Number

_____/_____
Expiration Date

Security Code (CVS)

Cardholder's Signature

Name (please print)

Address

City

State

Zip

(_____) _____ - _____
Home Telephone

(_____) _____ - _____
Business Telephone

E-mail Address

Please check here if you **do not** wish to have your name published on the contributor list.

Donate Online

store.jcahpo.org/Donation.aspx

Mail form and donation

JCAHPO, 2025 Woodlane Drive,
St. Paul, MN 55125-2998

Fax completed form

651-731-0410 (credit card donations only)



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