

# AHTF CONTRIBUTION FORM

Name: \_\_\_\_\_  
First Last Designations

Business: \_\_\_\_\_  
If applicable

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip code

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I would like to contribute \$ \_\_\_\_\_ to the American Hand Therapy Foundation

- |                          |                             |                   |
|--------------------------|-----------------------------|-------------------|
| <input type="checkbox"/> | Friends of AHTF             | \$1 – \$99        |
| <input type="checkbox"/> | Bronze “Thumbs Up” Club     | \$100 – \$249     |
| <input type="checkbox"/> | Silver “Hand Shake” Circle  | \$250 – \$499     |
| <input type="checkbox"/> | Gold “High Five” League     | \$500 – 999       |
| <input type="checkbox"/> | Platinum Contributor        | \$1,000 – \$4,999 |
| <input type="checkbox"/> | Diamond “Standing Ovations” | \$5,000 +         |

I would like to contribute \$ \_\_\_\_\_ in HONOR of

\_\_\_\_\_

I would like to contribute \$ \_\_\_\_\_ in MEMORY of

\_\_\_\_\_

Thank you for your kind contribution to the American Hand Therapy Foundation!  
AHTF is a 501 (c) 3 not-for-profit organization.  
Please keep a copy of your canceled check for tax purposes.

**PLEASE MAIL YOUR CONTRIBUTION TO:  
AMERICAN HAND THERAPY FOUNDATION  
P.O. Box 21992  
LEXINGTON, KY 40522**

