

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 701484
HOUSTON, TX 77270

