

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

- | | |
|--|-----------------|
| ☐ Friends of AHTF | \$1-\$99 |
| ☐ Bronze "Thumbs Up" Club | \$100-249 |
| ☐ Explorer Circle | \$250-\$499 |
| ☐ Mentor Circle | \$500-\$999 |
| ☐ Research Circle | \$1,000-\$2,499 |
| ☐ Academic Circle | \$2,500-\$4,999 |
| ☐ Scholar Circle | \$5,000-\$7,499 |
| ☐ Principal Investigator | \$7,500+ |

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I would like to contribute \$ _____ in HONOR of

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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 77008

