

Yes, I want to help develop Healthcare Leaders of Tomorrow!

For proper recognition, please provide the following information:

FULL NAME AND/OR ORGANIZATION (AS GIFT SHOULD BE RECOGNIZED)

ADDRESS		
CITY	STATE	ZIP
PHONE	EMAIL	
SIGNATURE		
Enclosed please find my gift of \$ Payable to the Fund for Health	6 for 2025.	
I would like to learn more ab generous individuals who h will, trust or planned gift. I would like to learn more ab	bout the Legacy Circle. The Legacy Circle honors the have included the Foundation of ACHE in their estate plans v bout a Multiyear Pledge. The minimum to participate is \$500 priod, consideration is given to larger pledges for up to five-	For additional information or to make a contribution, please contact:
Corporate Matching Gifts:	Mail completed form and contribution to:	
If you work for a company that has a gift-matching program, you may be eligible to have your personal gift to the Fund matched.		Fund for Healthcare Leadership 3376 Eagle Way Chicago, IL 60678-1033
I work for a company with	a matching gift program.	
Name: Potential matching gift amount: \$		As a 501 (c)(3) charitable organization, contributions to the Foundation of the American College of Healthcare Executives are deductible for federal income tax purposes as provided under the Internal Revenue Code. Donors should consult their own tax advisor regarding the specific

deductibility of their charitable contributions.