

Commitment to help develop Healthcare Leaders of Tomorrow

FULL NAME AND/OR ORGANIZATION (AS GIFT SHOULD BE RECOGNIZED)						
ADDRESS						
CITY	STATE		ZIP			
PHONE	EMAIL					
I wish to make a make a		to the Fund for Healthcare Leadership.				
consideration will be gi year of the pledge.	or Healthcare Leadership must iven to larger amounts for up to will be paid according to the fol	five years. A pledge w				
,	Amount	Month	Year			
			2025			
			2026			
			2027			
			2028			
			2029			
ACHE will send an invoice an	nually, on the first of each month design	nated for payment of a Multiy	vear Pledge.			
SIGNATURE			DATE			
For additional information	, please contact:					
Timothy R. Tlusty, VP Dev Phone: (312) 424-9305	velopment ttlusty@ache.org			ache.org/Fund		

Please see next page for additional information

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I would like to learn more about the Legacy Circle. The Legacy Circle honors the generous individuals who have included the Foundation of ACHE in their estate plans via will, trust or planned gift.

Private Foundations and Donor Advised Funds:

I/We have a private foundation Name.

Yes

IRS regulations prohibit a private foundation or a donor advised fund from making a gift toward the personal pledge of an individual. If you have a private foundation or donor advised fund and may make one or more gifts toward this commitment from it, please indicate below. A pledge can be made from a private foundation but the commitment form needs to be signed by an official of the foundation. Gifts from individuals can be made toward the pledge of a foundation, but not vice versa.

100	" World of private	With the teached teached the teached the teached the teached teached the teached teached the teached teached the teached teached teached the teached t			
	Address:				
Yes					
	Administrator:				
If you work for Corporate ma	atching gifts are contributio received. Corporate match	ns from the corporation	may be eligible to have your personal gift to ACHE matched. , and you will receive recognition credit for the amount of each ded in the amount of your personal pledge and cannot reduce your		
I work fo	or a company with a matchin	ng gift program.			
Name:_					
	l matching gift amount: \$_				
Please email y	your completed form to:	Timothy R. Tlusty VP Development ttlusty@ache.org			

For additional information, please contact:

Timothy R. Tlusty, VP Development Phone: (312) 424-9305 ttlusty@ache.org