



Donation Form

Name of Organization: _____

Address of Organization: _____

Main Phone Number: _____ Fax Number: _____ Website: _____

) : _____

Diamond: \$50,000

Platinum: \$20,000

Gold: \$10,000

Silver: \$5,000

<\$1000 (please specify)

Name of Organization Contact: _____

Title: _____

Email: _____ Phone Number: _____

Indicate Donation Amount: _____

Checks should be made payable to “American Pharmacists Association”, the organization with fiduciary responsibility for the Collaborative, with “Pharmacy HIT Collaborative” in the memo line. Mail completed membership form and check payments to:

Ryan M Burke, Associate Director, Practice Initiatives, American Pharmacists Association;
2215 Constitution Avenue NW; Washington DC 20037-2985; Phone 202-429-4129 • FAX 202-638-3793.
To request an electronic invoice please email your organization’s name, complete mailing address and the name of contact person for invoicing purposes to rburke@aphanet.org