



## Donation Form

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Website: \_\_\_\_\_

**Donation Amount:**

Diamond: \$50,000

Platinum: \$20,000

Gold: \$10,000

Silver: \$5,000

\$1,000 or less (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:

Jim Owen, Associate Vice President, Practice and Science Affairs American Pharmacists Association; 2215 Constitution Avenue NW; Washington DC 20037-2985; Phone 202-429-7540 • 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 [jowen@aphanet.org](mailto:jowen@aphanet.org)