



American College of  
PHLEBOLOGY  
FOUNDATION

# ANNUAL APPEAL Member Contribution Form

## Donation

It is the intent of (name) \_\_\_\_\_  
to contribute a total gift of \$ \_\_\_\_\_, payable before December 31, 2014 to the *American College of Phlebology Foundation* in support of the Annual Appeal.

## General Information

*Please type of print clearly.*

Name (as you would like it listed in signage): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Contribution Amount

Level	Annual Contribution
<input type="checkbox"/> Visionary Level	\$2000.00
<input type="checkbox"/> Investor Level	\$1,000.00
<input type="checkbox"/> Legacy Level	\$ 500.00
<input type="checkbox"/> Celebration Level	\$ 250.00
<input type="checkbox"/> Other	\$ ____ . ____

## Payment Information

Check Made Payable to AMERICAN COLLEGE OF PHLEBOLOGY FOUNDATION  
Credit Card:  MC  Visa  AMEX  Discover Expiration Date: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Billing address if different from above: Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Form Submission

Send form to the ACP Foundation headquarters through one of the following methods:

1. **Email to:** [kdarby@acpmail.org](mailto:kdarby@acpmail.org)
2. **Fax to:** 510.346.6808
3. **Mail to:** ACP Foundation | 101 Callan Ave. Suite 210 | San Leandro, CA 94577