



## GENERAL DONATION FORM

Whether you are a long-time or first time supporter of AMCHP, thank you for contribution to improving the health of women, children, youth, and their families. AMCHP is a 501(c)(3) organization. Nothing of value was received in exchange for this donation. *AMCHP uses all donations to support efforts determined to be highest priority by AMCHP, except if indicated for the Family Scholars Program.*

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### DONOR INFORMATION

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Territory \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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### DONATION INFORMATION

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I would like to donate to AMCHP to support programs and needs of highest priority as determined by AMCHP.

I would like to donate in honor of someone for a birthday, anniversary, or some other special occasion.\*

I would like to donate in memory of someone special.\*

\*Who is this donation in honor/memory of:

Name: \_\_\_\_\_

Occasion (in honor donations): \_\_\_\_\_

\* AMCHP will send an acknowledgement of your thoughtful donation to the person of your choice (optional). Please send donation acknowledgement to:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Territory \_\_\_\_\_ Zip Code \_\_\_\_\_

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**Please find enclosed a check or money order in the amount of:**

\$500       \$100       \$ 50       \$ 25       Other Amount \$ \_\_\_\_\_

*Make payable to: Association of Maternal and Child Health Programs, Tax ID # 52-1529448*

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**Mail this completed form along with your donation to:**

AMCHP

Attn: Donations

2030 M Street NW, Suite 350, Washington, DC 20036

Questions? 202-775-0436