



AHC ADVOCACY FUND PLEDGE FORM

As an AHC member, I enclose a contribution to the AHC Advocacy Fund in the amount of:

- | | | |
|--|---|---|
| <input type="checkbox"/> \$100,000 Diamond Supporter | <input type="checkbox"/> \$7,500 Platinum Supporter | <input type="checkbox"/> \$500 Hero Supporter |
| <input type="checkbox"/> \$50,000 Ruby Supporter | <input type="checkbox"/> \$5,000 Gold Supporter | <input type="checkbox"/> \$250 Caring Supporter |
| <input type="checkbox"/> \$25,000 Emerald Supporter | <input type="checkbox"/> \$2,500 Silver Supporter | <input type="checkbox"/> \$100 Angel Supporter |
| <input type="checkbox"/> \$10,000 Sapphire Supporter | <input type="checkbox"/> \$1,000 Bronze Supporter | <input type="checkbox"/> \$50 Super Supporter |

Please make personal or corporate checks payable to AHC.

Name: _____

Agency: _____ Telephone _____

Address: _____ City: _____ St: _____ Zip: _____

E-Mail: _____

CREDIT CARD PAYMENT OPTIONS

MasterCard Visa Discover American Express

Please charge my credit card: \$ _____

Acct #: _____ Exp. _____ Sec. Code _____

Name (as it appears on card): _____

Address of cardholder: _____

City: _____ St: _____ Zip: _____

Signature: _____

Please remit and mail contribution to

AHC of NC

3101 INDUSTRIAL DRIVE, SUITE 204
RALEIGH, NC 27609

Contributions to the Association for Home & Hospice Care of North Carolina are not deductible as charitable contributions for income tax purposes. Please consult your tax advisor for the proper reporting of this contribution.