

## AHS Foundation Gift



Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

e-mail \_\_\_\_\_

Donation Amount \_\_\_\_\_

For: Name of Specific Fund \_\_\_\_\_

Or: General Foundation Fund: \_\_\_\_\_

Checks payable to: AHS Foundation      Questions regarding matching funds, contact:

*Mail to:*

**AHS Foundation Office**

P.O. Box 24937

Eugene, OR 97402-0444

AHS Foundation Office

(same address)

Further information: [www.harpsociety.org](http://www.harpsociety.org)