



Contribution Form

I would like to help build a foundation for the future of college health by making a contribution in the amount of:

- | | | |
|---|--|---|
| <input type="checkbox"/> \$25,000 Emerald Donor | <input type="checkbox"/> \$15,000 Diamond Donor | <input type="checkbox"/> \$10,000 Ruby Donor |
| <input type="checkbox"/> \$5,000 Platinum Donor | <input type="checkbox"/> \$2,500 Gold Donor | <input type="checkbox"/> \$1,000 Silver Donor |
| <input type="checkbox"/> \$501 - \$999 Bronze Donor | <input type="checkbox"/> \$500 Distinguished Donor | |
| <input type="checkbox"/> Other \$ _____ | <input type="checkbox"/> ACHF Bequest Society \$ _____ | |

To the following fund(s):

- Aetna Student Health Fund** – This is an unrestricted fund that supports projects and activities benefitting college health.
- Ayers/Battle/Thomas Diversity Fund** – Earnings from this fund are used to encourage and promote diversity within ACHA institutions of higher education by addressing the health issues of minority and LGBTQ+ students.
- Clifford B. Reifler Fund** – This fund was established through a generous bequest from the estate of the late Dr. Reifler. The earnings from this fund are used exclusively to enhance the Journal of American College Health, an official publication of ACHA. Dr. Reifler's family is notified of the names of persons making contributions to this fund.
- Foundation Endowment Fund** – This is an unrestricted fund. The earnings from this fund are used to support special projects and activities benefitting the field of college health as determined by the ACHF board in conjunction with the ACHA executive director.
- Gallagher Koster Innovative Practices in College Health Fund** – This fund supports student health centers in the development of innovative practices that promote broader access to quality health care for students.
- Health Promotion in Higher Education Fund** – provides support to promote and enhance health promotion and prevention services in higher education.
- Josh Kaplan Fund for Clinical Medicine** – supports professional development activities and projects that focus on the practice of clinical medicine.
- Murray DeArmond Student Activity Fund** – Benefits the American College Health Association's Student/Consumer Section at ACHA's Annual Meetings. Disbursements will be determined and approved by a majority of the ACHF Board of Directors. Funding is also used to support ACHF Student Travel Awards. Disbursements are determined and approved by a review committee appointed by the ACHF Board.
- Professional Nursing Fund** – supports, enhances, develops and/or creates nursing activities within ACHA.
- Stephan D. Weiss, PhD Mental Health Fund for Higher Education** – Supports efforts to promote and improve the quality of mental health care to college students. Disbursements may include financial awards or funding support for educational activities at ACHA meetings. The Fund provides support in perpetuity for the Dorosin Lectures at ACHA meetings. Disbursements

will be determined and approved by a majority of the ACHF Board of Directors with approval from the fund benefactor.

- UnitedHealthcare StudentResources Fund** – supports annual meeting programming and professional development activities, benefitting ACHA members.

Your contribution can be made in memory of, or in honor of a colleague or loved one. Please list the name and contact information below so we can send notification of your gift:

Please check one: In memory of () In honor of () Foundation Star* ()

Name _____

Address _____

**Foundation Star: in honor of a retiree's years of dedicated service to the field of college health*

Please complete the following information:

Contributed by: _____

Institution: _____

Preferred Address: _____

E-mail: _____ Phone: _____

(Note: If contributed by an organization or group, please provide a contact name.)

Choose a Payment Method:

Check (enclosed)

Pledge Payments — Please indicate the number of payments and amount:
_____ payments of _____ each. Enclose first payment or, if pledging by credit card, indicate the month to begin automatic payments _____

Credit Card: Visa Master Card American Express

Card Number _____ Exp. Date _____ Billing Zip Code _____

Cardholder's Name _____ Card Security Code _____

Signature _____

**Please return this form with your contribution to: ACHF ATTN: Accounting
8455 Colesville Rd., Suite 740, Silver Spring, MD 20910. Please make checks
payable to ACHF.**

To contact ACHF: 410-684-5276 E-mail: Kklein@acha.org