



Give to the AASLH Annual Fund

Pledge Form

Yes! I/we would like to contribute to the AASLH Annual Fund.

Please fill out this form, print clearly, and return in the envelope provided.

Name _____

Address _____

City, State, Zip _____

Email _____

Membership # _____

Please list my contribution as from (please print name)

Amount: \$50 \$175 \$250 Other \$ _____

Method of Payment:

My check is enclosed

Monthly draw from my checking account in the amount of \$ _____ per month for _____ months

Note: If you wish to utilize this option, AASLH will provide forms after we receive your pledge.

Please charge my credit/debit card

Name of Cardholder (print) _____

Card Number _____

Expiration _____ Security Code _____ Visa MC AmEx

Signature _____

Thank you for your support.

Visit go.aash.org/give to donate online