

## What will your gift to the Frontiers Fund support?

Your tax-deductible gift will:

- Develop researchers
- Support the ACCP Practice-Based Research Network (ACCP PBRN)
- Generate evidence

... to further document the value of clinical pharmacy services and advance pharmacy research.

Name(s): \_\_\_\_\_  
(please print)

ACCP Badge # or Membership ID (if known): \_\_\_\_\_

E-mail: \_\_\_\_\_

Name(s) of Donor to Be Listed on Web: \_\_\_\_\_

Total Pledge/Gift: \$ \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_ Cash    Check  
Credit Card (enter billing information on back)

Remaining Pledge Balance Due: \$ \_\_\_\_\_

My company \_\_\_\_\_ will match my gift.

### Donor Levels

- Diamond Donor \$1000 and up
- Gold Donor \$500–\$999
- Silver Donor \$100–\$499
- Bronze Donor \$1–\$99

This gift is in honor of: \_\_\_\_\_



ACCP Research Institute  
13000 W. 87<sup>th</sup> St. Parkway  
Lenexa, KS 66215  
[www.accpri.org](http://www.accpri.org)

Please arrange for my pledge to be paid by credit card (check one):

American Express  VISA  MasterCard  Discover  Bill me

Card No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Security ID code from back of card: \_\_\_\_\_

Amount to be charged today: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Example of Pledge Payment Schedule**

<u>Donor Levels</u>	<u>10 Monthly Payments</u>	<u>4 Quarterly Payments</u>
Diamond Donor \$1000	\$100	\$250
Gold Donor \$500	\$50	\$125

Please pay the remainder my/our FF pledge by credit card using:

10 monthly payments of \$ \_\_\_\_\_

4 quarterly payments of \$ \_\_\_\_\_

One-time payment of \$ \_\_\_\_\_

And complete the transaction on the

5th  20th of the month

Thank you for supporting the Frontiers Fund.

You may donate online today at [www.accpri.org](http://www.accpri.org).

Fax: (913) 492-0088 • Telephone: (913) 492-3311

# An Investment in Our Future



**FRONTIERS FUND**

