

**Yes! I want to make an investment in my future  
by helping to expand Pharmacy's Frontiers**



Name(s): \_\_\_\_\_

*(As you wish to be listed)*

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

I would like to help support the Frontiers Fund as a:

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

Amount enclosed: \$ \_\_\_\_\_

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

Method of Payment:

- |   |   |                                   |
|---|---|-----------------------------------|
| <input type="checkbox"/> Check enclosed | <input type="checkbox"/> American Express | <input type="checkbox"/> Visa     |
| <input type="checkbox"/> Please bill me | <input type="checkbox"/> Mastercard       | <input type="checkbox"/> Discover |

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

*Your Gift is Tax Deductible*

Please return to: ACCP Research Institute  
13000 W. 87th Street Parkway  
Lenexa, KS 66215-4530  
Phone: (913) 492-3311 • Fax: (913) 492-0088

Gifts also may be made online by credit card at  
[www.accpri.org/donate/](http://www.accpri.org/donate/)