



AMERICAN COLLEGE OF RADIOLOGY

Please send your completed form to:
ACR Foundation
Attn: Accounts Receivable
1891 Preston White Drive
Reston, VA 20191-4326

For more information, please contact:
Diane Mullis, Chief Financial Officer

1-800-227-5463 x5233 or
ACRFoundation@acr.org

ACR Foundation HPR Check Payment Form

Date _____

Company Name (if applicable) _____

Salutation: Dr. Ms. Mr. Mrs.

Name _____
First Middle Last

Address _____ City _____ State _____ Zip _____

Phone # _____ Cell Work Home Email _____

I would like to make a donation to Health Policy Research in the amount of:

- checkbox \$5,000
checkbox \$2,500
checkbox \$1,000
checkbox \$500
checkbox \$250
checkbox (Other) \$_____

Please make your check out to
the ACR Foundation.

This gift is in memory of _____

This gift is in honor of _____

Please indicate to whom you would like a letter sent to acknowledge your tribute gift:

Name: _____ Address: _____

City State Zip

Thank you for supporting the ACR Foundation, a 501(c)(3) charitable organization.
All contributions are tax-deductible to the extent allowed by law.

To include the ACR Foundation in your estate plans, please contact Diane Mullis for assistance.