



AMERICAN COLLEGE OF RADIOLOGY

ACR Foundation Check Payment Form

Please send your completed form to:
American College of Radiology 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

Date _____

Name _____
First Middle Last

Address _____ City _____ State _____ Zip _____

Phone # _____ Cell Work Home Email _____

Salutation: Dr. Ms. Mr. Mrs.

I would like to contribute at the following level:

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

I would like my gift to be designated to the following Fund:

- Health Policy Research Fund
- ACR Imaging Network (ACRIN®) Fund
- General Fund (unrestricted gift)
- Harvey Neiman Molecular Imaging Fund
- International Outreach Fund
- Radiology Leadership Institute® Fund

This donation is a one-time gift

This gift is a pledge, over:

- 1 year 2 years 3 years
- 4 years 5 years

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

Name: _____

Address: _____

This gift is in memory of _____

This gift is in honor of _____

City State Zip

Enclosed is my check in the amount of \$ _____

Please make your check out to the American College of Radiology Foundation.

(Please write your fund selection on the memo line of the check.)

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

Thank you for supporting the American College of Radiology Foundation, a 501(c)(3) charitable organization.

All contributions are tax-deductible to the extent allowed by law.