



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:  
Anne Hummer, Senior Director, Corporate Relations  
703-476-7655 or [ahummer@acr.org](mailto:ahummer@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
- Radiology Leadership Institute® Fund
- Harvey Neiman Molecular Imaging Fund
- International Outreach Fund
- ACR Imaging Network (ACRIN®) Fund
- Emergency Relief 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 Anne Hummer 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.**