

ASSOCIATION FOR MOLECULAR PATHOLOGY AMP Strategic Initiatives Fund Contribution Form

I would like to make a contribution to the AMP Strategic Initiatives Fund.

AMP Strategic Initiatives Fund.		Conti	Contribution Levels	
		Sponsor	\$5,000 and above	
Enclosed	is my gift in the following amount:	Platinum	\$2,500 - \$4,999	
Ф		Gold	\$1,000 - \$2,499	
Φ		Silver	\$250 - \$999	
NOTE: AMP is a 501(c)(3) organization. Your contribution qualifies as deductible under current IRS regulations. Please consult your tax accountant for deductibility.		Bronze	\$100 – 249	
		Donor	\$10 - 99	
Contribute	or Information:			
Name	i			
Addres	ss:			
City, S	State, Zip:			
Phone	e: Email:			
Payment I	nformation:			
	sed is a check made payable to the "Association for N " or "AMP Strategic Initiatives Fund."	/lolecular Path	ology,"	
□ I wish	I wish to charge my contribution to my credit card (information provided below):			
Credit Car	rd Number:			
Expiration	Date:			
Signature:				

Your contribution to the AMP Strategic Initiatives Fund is very much appreciated and will be used to fund strategic initiatives as determined by the AMP Board of Directors.

Please return the completed form to AMP at:
Association for Molecular Pathology
9650 Rockville Pike, Bethesda, MD 20814, FAX: 301-634-7995