



PITCH IN: Promote Infusion Therapy Coverage at Home Contribution Form

Contributor Information (please print or type)

Company Name _____
Contact Name _____
Billing Address _____
City, State, Zip Code _____
Phone | Email _____

Contribution Information

Individual Contribution Corporate Contribution

I (we) pledge a total of \$100 \$250 \$500 \$1,000 \$5,000 \$10,000 \$25,000 other _____

I (we) plan to make this contribution in the form of: check credit card

- Contributions of \$1,000 or more can be paid in 2 or 4 installments on a credit card.

Credit card type | Exp. date _____
Credit card number | CVV# _____
Name on Credit Card _____
Authorized signature _____

Acknowledgement Information

Please use the following individual or corporate name and city, state location in all acknowledgements:

Name _____ City, State _____

I (we) wish to have our contribution remain anonymous.

Signature(s) Date

Please make checks payable to: | National Home Infusion Association
Please include this form with | 1600 Duke Street, Suite 410
your check | Alexandria, VA 22314

Credit card donations can be submitted via secure fax at (888) 206-1532

Note: Your contribution may not be tax deductible, as it will be used for lobbying purposes. Please consult your tax advisor.