



CHIA SCHOLARSHIP & FAME PROGRAM DONATION

Yes, I would like to make a difference for the future! **I am pleased to make a tax-deductible gift in the amount indicated.**

My donation in the amount of \$_____ is specifically designated to: (check one or both)

- 1) ___ **CHIA Student Scholarship Fund** 2) ___ **Foundation for Active Member Education (FAME)**

Donation made by:

___ Cash

___ Check – made payable to California Health Information Association

___ Credit Card Authorization (circle one): Visa MC Discover AMEX

Name of Card Holder _____

Card Number _____ Exp Date _____

Address _____ City _____ State _____ Zip _____

(CHIA will send a letter of acknowledgement to all donors. All donations will be publicly acknowledged in the *CHIA Journal* and/or the CHIA Web site unless you specifically request otherwise.)

Your Name as you would like it to appear in all acknowledgements _____

Title _____ Organization _____

Address _____ City _____ State _____ Zip _____

Phone: _____ This is my ___ business or ___ home phone

Optional:

This gift is (check one) ___ in honor of or ___ in memory of:

Their name (please print legibly) _____