



NIAAA Endowment Contribution

Name _____
(Please type your name or Company name as you would like it to appear on the Honor Roll of Donors)

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____

Cell Phone _____ E-mail _____

Endowment Gift Opportunities:

One time Contribution

Individual

Corporate

\$ 500 _____

Platinum

_____ \$10,000

\$250 _____

Gold

_____ \$5,000

\$ 100 _____

Silver

_____ \$1,000

\$ 50 _____

Bronze

_____ \$500

\$ _____

Contributor

\$ _____

Pledge of \$ _____ paid over a period of _____ years

NIAAA Term Life insurance in the amount of \$ _____

This gift is given in memory of

This gift is given in honor of

Check Number _____

Credit Card Type _____ (MC, Visa or Am Exp) # _____

Expiration Date _____ Security Code _____

Signature _____