



Medical Group **Pledge Form**

AMGA Foundation

To demonstrate a commitment to enabling medical groups and other organized systems of care to advance high performance health.

Enclosed is my organization's gift:

\$3,500 \$2,500 \$1,500 \$1,000 Other \$ _____

Please make check payable to **AMGA Foundation**.

Please charge \$ _____ to our credit card. Please choose one:

Visa Mastercard American Express

Card #: _____ CVC: _____ Expiration Date: _____

Cardholder's Name: _____

Signature: _____

For credit card payments you also can fax your form to AMGA at **703.548.1890**.

Organization Information

Organization (as you would like it listed):

Contact Name: _____

Title: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

This donation is tax deductible to the full extent of the law.

Please return to: Sherry Greenwood, AMGA Foundation • 1 Prince Street • Alexandria, VA 22314
sgreenwood@amga.org or 703.842.0770