AMA Foundation Health Care Recovery Fund Contribution Form

I wish to make a donation to the Health Care Recovery Fund of the American Medical Association Foundation. I understand the Fund provides donors, the opportunity to contribute to an ongoing fund established by the Foundation to assist physicians in rebuilding their medical practices which have been damaged or destroyed and are located in a Federal Emergency Management Agency declared disaster area.

First Name | Middle Initial | Last Name

Address | City/State | Zip Code

E-mail Address (Your e-mail address will not be shared, sold, traded, exchanged or rented.)

Amount of Donation $ _____

○ Check Enclosed ○ Credit card (please complete the information below)

For donations by credit card, please provide:

Name on Credit Card

Type: ○ Visa ○ MasterCard ○ American Express

Expiration Date (mm/yy) CID

Billing Information (if same as above check here ☐)

Address (Street, City, State, Zip Code)

Contributions by credit card can be faxed to the AMA Foundation: **(312) 464-4142**

The Foundation is a 501(c)(3) organization. All contributions are tax-deductible to the extent permitted by law.

American Medical Association Foundation
515 N. State Street, 11th Floor
Chicago, Illinois 60610

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