



**ALLEGHENY COUNTY  
MEDICAL SOCIETY  
FOUNDATION**

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**ACMS FOUNDATION CONTRIBUTION**

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I want to help the ACMS Foundation to continue its work.

Enclosed is my contribution of: \$\_\_\_\_\_.

**Please acknowledge my contribution as a gift**

In honor of:

In memory of:

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**Please send an acknowledgement letter to:**

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please send information on how to make a bequest so that I can ensure the ACMS Foundation's ongoing support of projects in our community.

I am interested in establishing a fund through the ACMS Foundation. Please contact me with more information.