



# Contribution Form

## To Contribute:

**Email:** admin@EMPolicyInstitute.org

**Mail:** Emergency Medicine Policy Institute  
P.O. Box 61991  
Dallas, TX 75261-9911

## Step 1. CONTRIBUTOR INFORMATION

### Select the contribution type.

- EM Association
- Major Donor
- Business Coalition
- Provider Coalition

Encourage your hospitals, chapters and sections to combine resources and increase the level of commitment to the Emergency Medicine Policy Institute during the 2020 campaign. By forming a coalition, you and your colleagues could be eligible to have representation on the EMPI Board of Governors.

Contributor (Group Name or Individual Donor Name as it is to appear in print)

Coalition Name (if applicable):

Contact Name

Street 1

Street 2

City

State

Zip/Postal Code

Phone Number

E-Mail Address

## Step 2. CONTRIBUTION INFORMATION

**2020 Contribution Amount:** \_\_\_\_\_

While tax deductibility can only be determined by contributor's tax advisors, the intent of the Emergency Medicine Policy Institute is to use contributor funds for items typically deductible as business expenses.

Signature

Date

Printed Name

## Step 3. PAYMENT INFORMATION

### Select your payment method.

- Enclosed is my check made payable to ACEP (US Dollars Only)

Charge my:

- VISA
- Amer Express
- MasterCard
- Discover

\_\_\_\_\_  
Name (as it appears on the card)

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
\*Card ID Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Billing Zip Code

\_\_\_\_\_  
Authorization Signature

\*The Card ID Number is a 4-digit code on American Express (located on the front), or a 3-digit code on VISA, MasterCard or Discover branded credit or debit cards (located on the back).