



Donation Form

Name/Company: _____

Address: _____

Email: _____

Amount: _____

Apply my donation to:

- Greatest Need
- Silent Auction Scholarship Fund
- Speakers for Educational Meetings
- School of Your Choice _____
- Other _____

Do you need a receipt with the ArHIMA Tax ID Number to be sent to you for tax purposes?

YES _____ NO _____

Please make checks payable to ArHIMA and mail with this form to:
ArHIMA
MSC 8748
215 West O Street
Russellville, AR 72801