



**ASSOCIATION OF STATE
PUBLIC HEALTH NUTRITIONISTS**
formerly ASTPHND

Tax-Deductible Donation Form

The Association of State Public Health Nutritionists develops leaders in public health nutrition who strengthen policy, programs and environments making it possible for everyone to make healthy food choices and achieve healthy, active lifestyles.

Donor Information (print/type) This information is used only for purposes of communication about the donation.

Name

Billing address

City, State, Zip Code

Phone

Email

Donation Information

I (we) donate ☐ \$ (\$5 minimum)

Donation Preferences

☐ This is a one-time donation

☐ I would like to make this a recurring donation deducted monthly

I (we) prefer the following payment option

☐ Cash

☐ Check

☐ Charge my credit card (☐ MasterCard ☐ VISA)

Card # _____

Return to:
Cynthia Atterbury, MPA, RDN/LDN
ASPHN
PO Box 1001
Johnstown, PA 15907-1001

Expiration date (____/____)

Designations (Optional)

☐ I would like my gift to support the...

☐ Any unrestricted expenses (advocacy, travel, insurance, etc.)

☐ Student Activities (Stipend, Scholarship, Awards, Prizes etc.)

☐ I would like to make my gift a tribute gift...

☐ in honor of _____

☐ in memory of _____

☐ keep my gift anonymous _____

Acknowledgement Information

Unless the donor expressly requests anonymity, donors may be recognized as follows: name listed on the ASPHN website, Facebook and newsletter announcement when the donation is made, listed in the association's annual report. Please use the following name(s) in all acknowledgements:

Signature(s) _____

Date _____