



the  
**ACT Endowment**  
*Educate, Lead, and Serve... Contribute to the Legacy*

# The ACT Endowment Donation Form

## Recognition Levels

Friend: \$20-\$999  
Steward: \$1,000-\$4,999  
Advocate: \$5,000-\$9,999

Benefactor: \$10,000-\$49,999  
Visionary: \$50,000+

The ACT Endowment is part of the American College of Toxicology, a charitable, nonprofit, 501(c)(3) organization under the Internal Revenue Code. The ACT Tax Identification Number is 36-3007817. Contributions to the ACT Endowment will be used to support the ACT Awards Fund and typically will be considered tax-deductible contributions. The American College of Toxicology will provide written acknowledgment of all contributions made to the ACT Endowment.

## Contribution Information

I wish to be identified by name as an Endowment Donor by Recognition Level. *(Please see above.)*

Name for acknowledgment: \_\_\_\_\_

I do not wish to be identified as a Donor; I wish to remain anonymous.

I am contributing \$ \_\_\_\_\_ as one lump sum or \$ \_\_\_\_\_ a year for \_\_\_\_\_ years

My employer will match my contribution. *(Please enclose your employer's Matching Gift form.)*

Employer name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer address: \_\_\_\_\_

## Please contact me regarding

Assistance in arranging a corporate gift, stock, or other assets.

Naming the ACT Endowment in my will or trust.

Contributing securities, property, etc.

Other \_\_\_\_\_

## I am giving a gift

In memory of \_\_\_\_\_ In honor of \_\_\_\_\_

## Donor Information

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Region: \_\_\_\_\_ Zip/Postal code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Payment Information

Enclosed is check # (payable to ACT Endowment) \_\_\_\_\_ for: \_\_\_\_\_

AMEX    MasterCard    Visa    Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Amount: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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