



PLEDGE OF SUPPORT

**Yes, you can count on my support
to fight cuts to the Medicaid Program!**

I am enclosing my contribution of

- \$10,000 Platinum Supporter \$ 7,500 Gold Supporter
 \$ 5,000 Sterling Supporter \$ 2,500 Bronze Supporter
 \$ 1,000 Hero Supporter \$ 500 Angel Supporter
 \$25-\$499 Caring Supporter

Please make personal or corporate checks payable to

AHHC

3101 INDUSTRIAL DRIVE, SUITE 204
RALEIGH, NC 27609

Name: _____

Agency: _____ Telephone _____

Address: _____ City: _____ St: _____ Zip: _____

E-Mail: _____

CREDIT CARD PAYMENT OPTIONS

- MasterCard Visa Discover American Express

Please charge my credit card: \$ _____

Acct #: _____ Exp. _____ Sec. Code _____

Name (as it appears on card): _____

Address of cardholder: _____

City: _____ St: _____ Zip: _____

Signature: _____

*Contributions to the Patient Provider Defense Fund are not deductible as
charitable contributions for income tax purposes.*

ASSOCIATION FOR HOME & HOSPICE CARE OF NORTH CAROLINA

3101 INDUSTRIAL DRIVE, SUITE 204 ♦ RALEIGH, NC 27609 ♦ P: 919. 848.3450 ♦ F: 919. 848.2355