

ACAAI Foundation Tithe-A-Talk Contribution Form

Please:

- 1. Present this completed form to the company or organization representative who is sponsoring your presentation.**
- 2. Mail a copy to the Foundation at the address below so we have a record of your request to tithe your honoraria.**

I, _____ request that my honoraria in the amount of
(physician name)
\$ _____ for my presentation on _____ be made payable to the Foundation
(amount) (date)
of the American College of Allergy, Asthma & Immunology, a not-for-profit 501(c) 3
organization, (Tax ID #36-430-5678).

Company/organization who will provide the funds: _____

Name of the individual to whom this form was given: _____
(please print)

Physician Signature: _____ Date: _____

Checks should be made payable to the ACAAI Foundation and mailed within 30 days to:

ACAAI Foundation
85 W. Algonquin Road, #550
Arlington Heights, IL 60005

Attention Participating Company: We would greatly appreciate if your company would consider matching the above funds which have been tithed to the Foundation by the above physician. To do so, please send a separate check to the Foundation at the address listed above along with a cover letter indicating the name of the physician whose contribution has been matched. **Thank You.**

If you have any questions, please call Rick Slawny at 847-427-1200