



ORDER OF AHEPA

American Hellenic Educational Progressive Association

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All donations are tax-deductible | Federal Tax ID# 27-4734593

AHEPA FOUNDATION INC 501(c)(3)

Donation Payment Form

DONOR INFORMATION

Name _____

Address _____ City _____

State _____ Zip _____ Phone (_____) _____

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CREDIT CARD INFORMATION (Please note: credit card address entered MUST match the credit card billing address)

Visa/MC/Amex/Discover # _____

Expiration Date _____/ _____

CVV _____

I would like my donation applied toward:

- AHEPA Charitable Foundation
- AHEPA Century Capital Campaign
- AHEPA Bone Marrow Registry
- AHEPA Cooley's Anemia Foundation
- AHEPA National Educational Foundation

- AHEPA St. Nicholas Shrine NYC
- AHEPA Emergency Fund
- Greece Wildfire Relief Fund
- AHEPA Athletics

Enclosed is my tax-deductible gift of \$ _____

PAYMENT METHOD:

1. SEND CHECK WITH THIS FORM TO:

Order of AHEPA

1909 Q Street, NW, Ste 500

Washington, DC 20009

Please make check payable to: **AHEPA Charitable Fund**

2. PAYING BY CREDIT CARD; FAX DONATION PAYMENT FORM TO:

Phone: (202)232-2140 or visit <https://ahepa.org/donate/> to make your secured donation

Thank you for your Donation!