

HONORARIUM DONATION FORM



_____ Date

TO: _____
Name of organization providing honorarium

FROM: _____
Name of individual receiving honorarium

Street Address

City State Zip Code

Work Phone Fax Number

Email Address

I wish to donate my honorarium of \$_____ for my participation in _____ to the American Medical Group Foundation (AMGF) a 501 (C) 3 charitable organization. I have notified the AMGF to expect this contribution. Please make check payable to: **AMERICAN MEDICAL GROUP FOUNDATION** (Federal ID# is 54-6059304)

Donor Signature

INSTRUCTIONS FOR ORGANIZATION
Please make a copy of this form and mail with check to:
AMGF
1422 Duke Street
Alexandria, VA 22314
Attn: Sherry Greenwood, Development Associate, American Medical Group Foundation
Phone: (703) 838-0033 ext. 352

AMGF's mission is to foster quality improvement in group practice through education and research programs in clinical quality, patient safety, service, operational efficiency, and innovation.