

*AMA Alliance Grassroots Honor Fund*  
*Donation in honor of John Lovin*

Name: \_\_\_\_\_  
(Print name(s) as they should appear for recognition in Tar Heel Tandem newsletter)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Donor Levels: (please check one)**

\$50     \$100     \$250     \$500     Other \$ \_\_\_\_\_

Enclosed is my check made payable to the NCMS Alliance. (Please include "Honor Fund" in the memo section of your check.)

Charge my Visa/MasterCard #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV2# \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

*Donor form must be received by October 30 to be included in North Carolina's donation to the Honor Fund.  
Please mail completed form to NCMS Alliance, P.O. Box 27167, Raleigh, NC 27611 or fax to 919-833-2023*

**Thank you for your support!**