**ARKANSAS CHAPTER**

**AMERICAN ACADEMY OF PEDIATRICS FOUNDATION**

**HOLIDAY HONOR CARD**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY, STATE AND ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NUMBER OF HONOR CARDS ($20/CARD): \_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL CONTRIBUTION ENCLOSED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAYMENT (CIRCLE ONE): CHECK VISA MASTERCARD**

**CREDIT CARD NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXPIRATION DATE (MONTH/YEAR): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECURITY CODE (3 DIGIT # ON BACK OF CARD): \_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ALL CONTRIBUTIONS TO THE ARKANSAS CHAPTER, AMERICAN ACADEMY OF PEDIATRICS FOUNDATION ARE TAX-DEDUCTIBLE.**

**PLEASE SEND THE COMPLETED FORM TO:**

**ARAAP, ATTN: AIMEE BERRY**

**#1 CHILDREN’S WAY, SLOT 900**

**LITTLE ROCK, ARKANSAS 72202**