



# Association of Minority Health Professions Schools, Inc. Contribution Form

I, \_\_\_\_\_ would like to make a tax deductible contribution of \$ \_\_\_\_\_, to the Association of Minority Health Professions Schools, Inc. (AMHPS) in support of the following:

- AMHPS General Contribution
- Carol B. Lewis Scholarship Fund
- Annual Biomedical Symposium
- StarLab (Middle School Program)

### Donor Information

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Enclosed is a Check/ Money Order of \$ \_\_\_\_\_  
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**Please return to the following address:**  
**1190 West Druid Hills Drive, Suite T-50**  
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**or fax to 678-904-4496**

**For additional information, please contact Felecia Hines-Carpenter at 1-877-895-0902 extension 230**



## Association of Minority Health Professions Schools, Inc.

*Please retain Contribution Details for your records.*

Name: \_\_\_\_\_ Amount of Contribution: \$ \_\_\_\_\_  
 Method of Payment: \_\_\_\_\_ Check #: \_\_\_\_\_  
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 \_\_\_\_\_ Annual Biomedical Symposium \_\_\_\_\_ StarLab

*The Association of Minority Health Professions Schools, Inc. is a 501(c)(3) non-profit educational, scientific and charitable organization. The AMHPS, through its programs, facilitates multi-institutions research, enhances and promotes the building of research capacity, promotes and maintains the highest standard health education for the Association of Minority Health Professions Schools' member institutions and seeks to increase the number of minority health professionals in health related research.*