



Donation Form

The Association of Safe Patient Handling Professionals (ASPHP) is a 501 (c)(3) non-profit organization that brings together like-minded individuals that want to share ideas, support research, and advocate for sound regulatory activity that improves and promotes a safer working environment for all caregivers. Our mission is to improve the safety of caregivers and their patients by advancing the science and practice of safe patient handling.

Thank you for your support to help ASPHP to meet our mission. Please use this form to email, mail or fax your donation. If you have any question, please contact us at info@asphp.org.

Donor Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Phone: _____ Email: _____

Donation Amount\$ _____

Payment

☐ My check is enclosed (Please make check to ASPHP)

☐ Please charge my credit card

Card Type ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Card #: _____ CVV _____ Expiry Date _____

Billing Address: (If different than above)

Address: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Mail or fax your completed form along with your donation to:

ASPHP Headquarters
125 Warrendale Bayne Road
Suite 375
Warrendale, PA 15086 USA
Fax: 724-935-1560

Or email the completed form to info@asphp.org

Thank You!