

I commit the following gift to the ACMS Foundation: Total Gift Amount: \$ \_\_\_\_\_

One Time Gift of \$ \_\_\_\_\_ payable in 2019.

Pledge Over  2  3  4  5 Years

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Designation of Gift

Designate my gift to the following area(s):

Research Grants: \_\_\_\_\_% Lectureships & Workshops: \_\_\_\_\_% Travel Awards: \_\_\_\_\_% Patient Education: \_\_\_\_\_%

### Optional:

This gift is made...  In Memory of \_\_\_\_\_  In Honor of \_\_\_\_\_

Please send acknowledgement of this gift to the honoree:

Name: \_\_\_\_\_

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

I have included a note for the honoree; please deliver on my behalf.

## Donor Information

Name: \_\_\_\_\_

List Donor Name As: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Payment Information

My  full or  first payment is enclosed. (Check payable to **ACMS Foundation**)

Charge my  full or  first payment of \$ \_\_\_\_\_ to:

Card #: \_\_\_\_\_ Expiration (MM/YY): \_\_\_\_\_

Name on Card (Print): \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Bill me for the first payment of my pledge in (indicate month) \_\_\_\_\_ of 2019.

Subsequently, please bill me annually in:  January  April  July  October

## Thank you!

*The ACMS Foundation gratefully accepts gifts of stock; an official stock transfer form is available from the ACMS office upon request.  
ACMS is a 501 (c) (3) organization, Tax ID # 36-2902642. The ACMS office will send a tax receipt once your donation has been processed.*