



DONATION FORM

You may use this form to make your donation, or donate directly through the AASF website:

www.aasfoundation.org/becomedonor/donation-form/

Contact Information:

Name/Title _____

Company _____

Address _____

City, State, Zip _____ Phone _____

Email Address _____

Gift Information

Please choose one of the following:

I would like to make a **one-time** gift in the amount of: \$ _____

I would like to make a **recurring** gift in the amount of: \$ _____
Recurring gift to be made: ___ monthly ___ quarterly ___ semi-annually ___ annually

Is this gift in honor/memory of someone? If so, please complete the following:

I am making this gift in honor/memory of _____

Please send acknowledgement of this gift to: _____

Payment Method:

Please indicate your preferred payment method:

_____ Check Enclosed (please make checks payable to the AASF)

_____ American Express _____ MasterCard _____ Visa

Card Number _____ Exp. Date _____

Signature of cardholder _____

Please return your completed form and payment to: Paula Kupiec, Executive Director
11300 W. Olympic Blvd., Ste. #600, Los Angeles, CA 90064.
Fax: 1-310-437-0585 or e-mail paula@asfoundation.org | Phone: 310-437-1606, ext 161

Contributions made to the Association for Academic Surgery Foundation are tax deductible to the extent allowed by law. Our Federal Tax ID number is 41-2135059