



Honorarium Donation Form

Date: _____

To: _____
(Name of Organization Providing Honorarium)

From: _____
(Name of Individual Designated for Honorarium)

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax Number: _____

Email Address: _____

Rather than accepting your generous honorarium for my participation in _____, I ask that you redirect the designated honorarium in the amount of \$_____ as a contribution to the Association for Academic Surgery Foundation (AASF), a 501 (c) 3 charitable organization. I have notified the AASF to expect this contribution. Please make check payable to: **Association for Academic Surgery Foundation** (Federal Tax ID# 41-2135059). The AASF can provide your organization with an acknowledgement letter upon receipt.

Donor Signature

Instructions for Organization
Please make a copy of this form and mail with check to:
AASF
11300 W. Olympic Blvd, Suite 600
Los Angeles, CA 90064
Attn: Paula Kupiec, AASF Executive Director
Phone: (310) 437-1606 ext. 161 Email: paula@asfoundation.org