



MAKE A DONATION OR ATTEND A SPECIAL EVENT

How much would you like to donate?

Individual Contribution		Affiliate Contribution	
Donation Amount: \$ _____	Suggested Amounts: \$100, \$250, \$500, \$1,000 \$2,500, \$25,000, other \$ _____	Donation Amount: \$ _____	Suggested Amounts: \$250, \$500, \$1,000 \$2,500, \$25,000, other \$ _____

To Honor an Individual - Memory

Donation Amount \$ _____ *In Loving Memory of* _____

Send Acknowledgement To: _____

Address: _____

City: _____ State: _____ Zip: _____

The dollar amount will not be noted in the acknowledgement

To Honor an Individual - Honor

Donation Amount \$ _____ *In Honor of:* _____

Send Acknowledgement To: _____

Address: _____

City: _____ State: _____ Zip: _____

The dollar amount will not be noted in the acknowledgement

Support a Specific Fund

Donation Amount \$ _____ Fund Name #1: _____

Donation Amount \$ _____ Fund Name #2: _____

Contribute to a Promotional Campaign

Donation Amount: \$ _____ Campaign Name #1: _____

Items Requested: _____ Additional Information: _____

Donation Amount: \$ _____ Campaign Name #2: _____

Items Requested: _____ Additional Information: _____

Attend a Special Event

of Attendees: _____ Event Name: _____

Amount: \$ _____ Name of Guests: _____

For additional guests, please attach a separate sheet.

Please try to seat me/us with: _____

You will receive a letter from the AOF for your donation.



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Please tell us about yourself:

Personal Information

First Name: _____ MI: _____ Last Name _____
Suffix: _____ Title: _____ AOA #: _____

Preferred Mailing Address

Company/Organization: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____

Preferred Contact Method

Daytime Telephone: _____
E-mail Address: _____

How would you like to pay?

Payment Information

Checks should be made payable to: **American Osteopathic Foundation**

Please Charge My:

_____  _____  _____ 

Card Number: _____ Zip Code: _____

Name on the Card: _____ Expiration Date: _____

Signature: _____

Thank you for supporting the programs and mission of the AOF

Fax: 312-202-8216

Mail both sheets and payment to:

**American Osteopathic Foundation
142 East Ontario Street
Chicago, IL 60611**

The AOF is a 501(c)(3) non-profit organization (FEIN 36-6056120)