



CAMPAIGN50

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MEMORIAL OR TRIBUTE INFORMATION (if applicable)

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Name of Deceased or Honoree _____

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Check (US funds) payable to **Orthopaedic Foot & Ankle Foundation**

Credit Card: MasterCard® VISA® AmEx® Discover®

Card Holder Name (as it appears on credit card) _____ Authorized Signature _____

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PLEASE FAX FORM TO 847-692-3315 OR MAIL TO:

Orthopaedic Foot & Ankle Foundation, 9400 West Higgins Road, Suite 220, Rosemont, IL 60018-4975

The Foundation is a 501(c)(3) organization. Tax ID number is 30-0234329

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