



DONATION/PLEDGE FORM

Make a secure contribution at aofas.org/donate OR complete this form below and return by mail or email to the Foundation.

Name _____ Institution/Practice _____

Preferred Address _____ Business Residence _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

Phone _____ Fax _____ Email _____

PLEASE ACCEPT MY GIFT (CHECK ONE):

- My contribution of \$_____ is enclosed.
- My total gift is \$_____. My initial payment of \$_____ is enclosed, with the balance to be paid by December 31, 20___. (up to a 3-year pledge)
- I plan to make a gift of stock or other securities. Please contact me with transfer details.
- I plan to recommend that my Donor Advised Fund administrator make a payment to the Foundation.
- I have an IRA and must take distribution payments. Please contact me about reducing my taxable income by making a payment to the Foundation.
- I need to discuss a payment plan. Please contact me.

PLEASE DESIGNATE MY GIFT

- | | | |
|--|---|---|
| <input type="checkbox"/> Research | <input type="checkbox"/> General Fund/Greatest Need | <input type="checkbox"/> James W. Brodsky, MD Pillar |
| <input type="checkbox"/> Education | <input type="checkbox"/> Women's Leadership Program | <input type="checkbox"/> Sigvard T. Hansen Jr., MD Pillar |
| <input type="checkbox"/> Humanitarian Service | <input type="checkbox"/> Roger and Joan Mann Family | <input type="checkbox"/> John S. Gould, MD Pillar |
| <input type="checkbox"/> Diversity, Equity & Inclusion | <input type="checkbox"/> Education Fund | <input type="checkbox"/> William G. Hamilton, MD Pillar |
| | | <input type="checkbox"/> Founders Fund |

MEMORIAL OR TRIBUTE INFORMATION (if applicable)

My gift is given (check one) in memory of in honor of _____
Name of Deceased or Honoree

COMMITMENT

I consent to being contacted by the Foundation regarding my gift

Signature _____ Date _____

PAYMENT

- 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 _____

Account Number _____ Security Code _____ Expiration Date MM/YY _____

Billing Address _____ City _____ State/Province _____

ZIP/Postal _____ Country _____

Please scan and email this form to foundation@aofas.org 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

No goods or services were exchanged for your gift, so it is tax-deductible as allowed by law.