

DONATION/PLEDGE FORM

Name as you want to be recognized (include spouse/partner if joint gift)

Address

City State Zip

Email Phone

Please direct my gift to the following AOA signature program(s) at the amount specified. If no program is selected, gifts will go towards Unrestricted Support of the AOA.

Unrestricted Support/Mission Critical Education \$ _____

Council of Orthopaedic Residency Directors Program and Academic Activities \$ _____

Emerging Leaders Program \$ _____

Leadership Development \$ _____

Resident Leadership Activities \$ _____

Own the Bone Program \$ _____

AOA Traveling Fellowships: \$ _____

American-British-Canadian \$ _____

North American \$ _____

Japanese Orthopaedic Association \$ _____

Austrian-Swiss-German \$ _____

Total \$ _____

In addition to selecting a program(s) above, if your gift is made in tribute, please complete the following:

In Memory of:

In Honor of:

The "Honor an Orthopaedic Pillar" Program in Honor of:

In the event that the AOA discontinues or consolidates a signature program with another AOA program in the future, donations will be earmarked to support a similar program.

Payment Method

I will pay my donation:

In full (total amount enclosed)

or

I will pay my donation as a pledge:

For donations of \$5,000 or more to be paid over the course of (check one)

____ 1 year ____ 2 years ____ 3 years ____ 4 years ____ 5 years

If age 50 or younger for donations of \$50,000 or more to be paid over the course of (check one)

____ 1 year ____ 2 years ____ 3 years ____ 4 years ____ 5 years

____ 6 years ____ 7 years ____ 8 years ____ 9 years ____ 10 years

The AOA will send an annual pledge reminder to you.

Payment Method

Check (payable to the AOA)

Please send me a pledge reminder

Securities/Stocks ([link](#) to Ways to Give information)

For your security, the AOA cannot accept credit card information via paper form nor over the phone. If you want to make a donation using your credit card, please click this [link](#). If you want to make a pledge payment via credit card, please visit the [AOA website](#) and login to your AOA record.

Signature Required to Complete Your Pledge

I sign this pledge with the intent to be legally bound. If I should die prior to the time this pledge is paid, I direct that my personal representative satisfy this pledge as a debt of my estate.

Signature: _____

Date: _____

The American Orthopaedic Association (AOA) is a not-for-profit 501(c)(3) organization, operated and existing under the laws of the state of Illinois. The AOA does not provide legal or financial advice to donors; please consult with your own financial attorney/advisor to determine a donation structure appropriate for your personal circumstances and whether your donation qualifies for a tax deduction under federal law.

Tax ID: 13-6118458

Return Form and Payment to:

The American Orthopaedic Association
9400 W. Higgins Rd, Suite 205
Rosemont, IL 60018

Email: donations@aoasn.org

Telephone: (847) 318-7330

Fax: (847) 318-7339