

# 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 designated 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](#)

For your security, the AOA cannot accept credit card information via paper form. If you want to make your installment via credit card, please visit the AOA website [www.aoassn.org/giving](http://www.aoassn.org/giving) or call the office at 847-318-7330.

## 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@aoassn.org](mailto:donations@aoassn.org)

Telephone: (847) 318-7330

Fax: (847) 318-7339