American Urogynecologic Society
Advancing Female Pelvic Medicine and Reconstructive Surgery

American Urogynecologic Society
FOUNDATION

Donation Form

Donation Designation

Please select one of the three options below

☐ **I/We wish to make an unrestricted gift of $_____ to the AUGS Foundation**

☐ **I/We wish to make a restricted gift of $_____ to the following program of the AUGS Foundation**
Please indicate:

___ AUGS Foundation Research Fund

___ Thomas A. Benson Fund

☐ **I/We wish to make a restricted gift of $_____ to the AUGS Raymond A. Lee Endowment**

Payment

☐ My/Our full payment is enclosed. *Please make checks payable to the American Urogynecologic Society Foundation*

☐ I/We would like to pay this gift by credit card. Visa/MC/Amex Accepted

_____ _____/_____

Card Number Expiration Date

_____ ☐ If billing address is different than that below, please check here and include your billing address on the back of this form. Thank you.

Name on Card

_____

☐ Please send me an invoice. I understand this pledge must be fulfilled by December 31st.

☐ I/We wish to remain anonymous.

☐ I/We wish to make this donation in honor/memory of _____

Please acknowledge this gift in the following manner:

Name: _____

Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Are you a member of AUGS? ☐ Yes ☐ No, but please send me information about membership

AUGS and the AUGS Foundation are 501(c) (3) charitable organizations.
Contributions are tax deductible in accordance with IRS regulations.

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