

DONATION PLEDGE FORM
In Memory of Dr. Chris O'Brien

Chris O'Brien International Lecture and Traveling Scholar Award

Donor Name: _____

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Pledge Commitment

I will fulfill my pledge commitment of:

____ \$1,000 ____ \$2,000 ____ \$3,000 ____ \$4,000 ____ \$5,000 ____ Other \$ _____

in 1 year 2 years 3 years 4 years 5 years

One-time Donation

Please accept my one-time gift of:

____ \$100 ____ \$150 ____ \$250 ____ \$500 ____ \$1,000 ____ Other \$ _____

Payment Information

Check enclosed

Please make checks payable to the AHNS Foundation and note on the memo line c/o Chris O'Brien Fund

Please charge my credit card ____ Amex ____ Visa ____ MasterCard

Amount to charge: \$ _____

Credit Card #: _____ **Exp. Date:** _____

Cardholder Name: _____

Signature: _____ **Date:** _____

Pledge Commitments should charge the first installment of their pledge based on the amount and timeframe of payment that has been selected.

Research and Education Foundation of the American Head & Neck Society
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