



ASES Foundation Individual Donation Form

Thank you for making a contribution to the ASES Foundation, your support is truly appreciated. Your tax deductible gift will help us expand the research and education programs that are vital to the subspecialty of shoulder and elbow surgery.

Contribution Levels:

- \$ _____ Pioneer Circle\$50,000 and above
- \$ _____ Founder Circle\$25,000 – \$49,999
- \$ _____ President Circle\$15,000 – \$24,999
- \$ _____ Chairman Circle\$5,000 – \$14,999
- \$ _____ Benefactor Circle\$2,500 – \$4,999
- \$ _____ Advocate Circle\$1,000 – \$2,499
- \$ _____ Supporter Circle\$250 – \$999
- \$ _____ Friend of ASES CircleUp to \$249

I will pay my total donation of \$ _____

☐ As a multi-year pledge to be paid in:

☐ In full this year

☐ 2 years (Amount per year: _____)

☐ 3 years (Amount per year: _____)

**Contact the ASES Foundation Office for other pledge options. Donations made to ASES are tax deductible to the extent permitted by law.
ASES Foundation is a 501(c)(3) tax exempt organization. EIN Tax ID: 36-3313192*

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

☐ Check Enclosed (*Please make checks payable to: ASES Foundation*)

☐ MasterCard ☐ Visa ☐ AMEX ☐ Cash

Cardholder Name: _____

Card Number: _____ Exp: _____ CVV: _____

Signature: _____ Date: ____/____/____

For any questions, please contact the ASES Foundation at:

1515 Woodfield Rd, Suite 345, Schaumburg, IL 60173

Phone: (847) 698-1629 • Fax: (847) 268-9499

Email: info@ases-assn.org