
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/Mission Critical Education of the AOA.

Unrestricted Support/Mission Critical Education	\$ _____
Council of Orthopaedic Residency Directors Program and Academic Support	\$ _____
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:

"Honor an Orthopaedic Pillar", 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.

Return Form and Payment to:
The American Orthopaedic Association
9400 W. Higgins Road, Suite 205
Rosemont, IL 60018

Email: donations@aoassn.org Fax: (847) 318-7339

Payment Options

I will pay my donation:

In full (total amount enclosed)

or

I will pay my donation as a pledge:

- \$500/year for 5 years (\$2,500 total)
- \$1,000/year for 5 years (\$5,000 total)
- \$2,000/year for 5 years (\$10,000 total)
- \$3,000/year for 5 years (\$15,000 total)
- \$4,000/year for 5 years (\$20,000 total)
- \$5,000/year for 5 years (\$25,000 total)
- \$ _____ Other Amount

I will pay my donation over the course of (check one)

___1 year ___2 years ___3 years ___4 years ___5 years

If over the age of 50 for a donation of \$50,000 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

Any pledge or donation for \$2,500 or more supports the All-Member Appeal

The AOA will send an annual pledge payment 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](#), click on pledge payment, 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

AOA Office Telephone: (847) 318-7330