



SMA Alliance
Society of 1924

A Tradition of Supporting the Physicians of
Tomorrow Through a Legacy of Endowment

CONTRIBUTION / PLEDGE FORM

- Enclosed is my **\$500 Contribution**
- Enclosed is my **Initial Pledge of \$200.**
I agree to pay an additional \$100 each year for the next 3 years to fulfill my pledge.
- Other Contribution \$ _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I wish to pay by: Check Payable to SMA Alliance
 AMEX MC Visa Discover
 Card Number _____
 Expiration Date _____ Security Code _____
 Credit Card Billing Address: (Same as address used above)

 Signature: _____



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