



Southern Medical Association  
Research and Education  
Endowment Fund

CONTRIBUTION

- Enclosed is my **\$500 Contribution**
- Other Contribution \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

I wish to pay by:  Check Payable to SMA R & E Fund

AMEX  MC  Visa  Discover

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Credit Card Billing Address: ( Same as address used above)

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_