



Southern Medical Association Research and Education Endowment Fund Contribution Form

- | | |
|--|---|
| <input type="checkbox"/> Patron: \$50 - \$249 | <input type="checkbox"/> Benefactor: \$250 - \$999 |
| <input type="checkbox"/> President's Circle: \$1,000 - \$4,999 | <input type="checkbox"/> Society of 1906: \$5,000 + |
| <input type="checkbox"/> SMA Alliance Society of 1924: \$500 + | <input type="checkbox"/> Other: \$ _____ |

Is this donation an:
In Honor of _____

In Memory of _____

I wish my donation to be recognized as part of the SMA Alliance Society of 1924.

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I wish to pay by:

Check or Money Order Payable to: SMA R and E Fund

Credit Card: Visa Mastercard Discover AMEX

Card number: _____ Exp. Date: _____ Sec. Code: _____

Name on Card: _____

Card Billing Address: Same as above

Street: _____

City: _____ State: _____ Zip: _____

Signature: _____

Return completed form to:

SMA * 35 W. Lakeshore Drive * Suite 201 * Birmingham, AL 35209

Fax: 205-945-1830

Online Contribution: <http://sma.org/society-of-1906>

Questions: Call 800-423-4992, ext. 164