



Tax-Deductible Donation Form

**Send to: ASMBS Foundation
100 SW 75th Street, Suite 201
Gainesville, FL 32607 (USA)**

Thank you for your support of the mission of the ASMBS Foundation, to improve the lives of people who suffer from morbid, or clinical obesity. Contributions from caring and concerned individuals and organizations help to advance education and research in an effort to control and treat this devastating disease.

Donating by mail:

Please complete this form and send it with your check, money order or credit card information to the ASMBS Foundation.

Donating by fax:

Print this form and fax with your credit card information to (352) 331-4975.

Donor Information:

Gift Amount (U.S. Dollars) () \$25 () \$50 () \$100 () \$150 () Other \$ _____

Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Payment Information: Choose method of payment.

() Enclosed is my check payable to the ASMBS Foundation, for: \$ _____.

() Please charge my gift to my credit card in the amount of: \$ _____.

() Mastercard () Visa () Amex

Credit Card Number: _____

Name on Card: _____

Exp. Date: _____ Billing Zip Code: _____

Signature: _____