



American  
Urogynecologic  
Society

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F O U N D A T I O N

**Contribution Form**

**I/We wish to make an unrestricted gift of \$\_\_\_\_\_ to the AUGS Foundation**

- My/Our full payment is enclosed. *Please make checks payable to the AUGS Foundation*
- I/We would like to pay this gift by credit card. Visa/MC/Amex Accepted

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

\_\_\_\_/\_\_\_\_  
Expiration Date

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

If billing address is different than that below, please check here and include your billing address on the back of this form. Thank you.

- Please send me an invoice. I understand this pledge must be fulfilled by December 31<sup>st</sup>.
- I/We wish to remain anonymous.
- I/We wish to make this donation in honor/memory of \_\_\_\_\_

**Please acknowledge this gift in the following manner:**

Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Are you a member of AUGS?  yes  no, but please send me information about membership

The AUGS Foundation is a 501(c)(3) charitable organization.  
Contributions are tax deductible in accordance with IRS regulations.

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