AGA Foundation Donation Form

Mail form to:
AGA Foundation for Digestive Health and Nutrition
4930 Del Ray Avenue
Bethesda, MD 20814

NAME(s): _____

COMPANY: _____

TITLE: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____

E-MAIL: _____ DATE OF BIRTH: (MM/DD/YYYY): _____

Please accept my contribution in the amount of:

☐ $5,000 ☐ $1,000 ☐ $500 ☐ $250 ☐ Other $_____

☐ **Pledge** In two equal installments of $_____

☐ **Check** My check in the amount of $_____ is enclosed.
Please make check *payable to AGA Foundation.*

☐ **Credit Card** (American Express, MasterCard of Visa only)
I authorize the AGA Foundation to charge my card in the amount of $_____.

_____
CREDIT CARD NUMBER CREDIT CARD COMPANY EXPIRATION DATE

_____
SIGNATURE

MY GIFT IS ☐ in honor of

☐ in memory of

_____
NAME
Please send notice of this gift (without mentioning the gift amount) to:

_____
NAME

_____
ADDRESS

_____
CITY STATE ZIP

Thank you for your generosity and commitment to the understanding, treatment and cure of digestive diseases.

All gifts to the AGA Foundation for the purposes of research and education are tax-deductible to the fullest extent of the law.