



Annual Fund Donation Form

Two Woodfield Lake, 1100 E Woodfield Road, Ste 350, Schaumburg, IL 60173
(847) 517-7225 | Fax (847) 517-7229

First Name _____ Last Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Country _____ Postal Code _____

Email _____

Telephone _____ mobile work home

Enclosed is my gift of \$ _____ paid by check or credit card below

I pledge \$ _____ to be paid by June 30, 201____ (end of fiscal year)

Please send reminder ___or bill the card below: ___Semi-Annually ___ Quarterly ___Monthly

Credit Card# _____ Exp Date _____

Signature _____ Date _____

This gift is a Tribute: ___ in memory ___ in honor _____
Name

Please notify the following of my Tribute Gift:

Name _____

Address _____

City, State, Country, Postal Code _____

ASA Member ___ yes ___ no ___ ASA is in my estate planning ___ Please contact me

Endowment Funds (permanent)

- Matthew Hardy Endowment
- Chang/Russell Education and Trainee Experience Endowment (CREATE)
- Trainee Awards Endowment
- Andrology Journal Endowment
- Emil Steinberger Endowment
- Eugenia Rosemberg Endowment
- General Endowment
- Education Endowment
- Past Presidents Endowment
- Women in Andrology Endowment (new)

Asset Funds (not permanent)

- Anna Steinberger Female Trainee Award
- Unrestricted gifts to support ASA operations

Special Instructions:

_____ Please keep my gift anonymous