



Annual Fund Donation Form

Two Woodfield Lake, 1100 E. Woodfield Road, Ste 350, Schaumburg, IL 60173
(847) 619-4909 | 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 of _____ in honor of _____
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)
- 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