



PLEDGE/CONTRIBUTION FORM

Yes! I want to help find a cure for head and neck cancer.

Please accept my pledge/contribution as follows.

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ **EMAIL:** _____

Long Term Pledge

A commitment to supporting head and neck cancer research over a 5 year period

- Patron (minimum \$5,000) Sponsor (minimum \$2,500)
 Supporter (minimum \$1,000) Associate (minimum \$500)

Contribution

All contributions over \$500 will be recognized on the American Head & Neck Society website and in the program for the AHNS Annual Meeting

My Contribution Amount: _____

Payment

- Check Enclosed Visa MasterCard Please send me an invoice

Please charge my pledge (first installment) or one-time contribution to:

Credit Card Number: _____ Expiration Date: _____

Card Security Code (V Code): _____ Signature: _____

Commemorative Gift

- My contribution is a commemorative gift given in:

_____ honor / _____ memory of _____

(Provide name here)

Please notify the individual below of my gift:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

Please return this form to:

**The Research and Education Foundation of the American Head and Neck
11300 W. Olympic Boulevard, Ste. 600, Los Angeles, CA 90064
Phone (310) 437-0559 Fax (310) 437-0585 www.ahns.info**