

DONATION FORM

THE WORK AT AMERICAN ACADEMY / ASSOCIATION OF ORTHOPEDIC MEDICINE (AAOM) IS **GREATLY ASSISTED BY YOUR GENEROUS SUPPORT!**

CONTACT INFORMATION	
Name:	
Organization:	
Street:	
City, State, Zip:	
Email Address:	
Phone Number:	
CONTRIBUTION	
Please accept my tax deductible donation is not restricted and can be used for the benefit of the organization PAYMENT INFORMATION	I/We would like to support the AAOM by contributing to the: Annual Conference Medical Missions IROM Certification Program Grant Funding to Students, Residents and Fellows Other:
Amount \$	
Payment Method: Check #: Make payable to American Academy/Associ	
Credit Card #: E	Ēxp. Date:
Name on Card:	CCV #:
Circo at the second	Data
Signature: THANK YOU FOR YOUR DONATION	
Please mail to: American Academy / Association of Orthopedic Medicine	AAOM is recognized by the IRS as a 501(c)(3) organization, and your contribution is tax deductible to the extent allowed by law. For IRS purposes, the date you mailed your donation is the actual date of the gift. No Goods or services were provided to

Attn: Membership

3700 Quebec Street, Unit 100-236

Denver Colorado 80207 Email: aaom@aaomed.org you in exchange for your contribution.