

Donation Form

Thank you for your generous decision to support the programs of the Society for Adolescent Health and Medicine. Your donation will help SAHM fulfill its mission and priorities for adolescent health promotion.

I CHOOSE TO HAVE MY DONATION APPLIED TO:

**Please indicate how you would like your donation to be allocated.*

SAHM General Fund* \$ _____

**Recognize a "SAHM Star" by honoring an individual, organization, or program that has contributed in some way to making the world a better place for young people – including those who have personally inspired you – by donating \$100 or more to the SAHM general fund. Visit www.adolescenthealth.org/Make-a-Donation for more details*

I would like to establish a SAHM Star in recognition of: _____

Restricted Funds

Advocacy Efforts	\$ _____
Career Development	\$ _____
Edie Moore Student Travel Scholarships	\$ _____
GLBTQ Research Fund	\$ _____
Hofmann Visiting Professorship in Adolescent Medicine and Health	\$ _____
Litt Visiting Professorship in Adolescent Health Research	\$ _____
Robert H. DuRant Award Fund	\$ _____

TOTAL \$ _____

DONOR INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

PAYMENT: SAHM is a 501(c)(3) association, (Tax ID #23-7035351). Your gift is tax-deductible to the extent permitted by law.

Enclosed is my payment of \$_____ (US DOLLARS ONLY)
 Please make your check payable to: Society for Adolescent Health and Medicine

Payment by Credit Card: Please consider the option of secure online donation at www.adolescenthealth.org

- MasterCard/VISA American Express
- Please contact me regarding payment options
- I would like my contribution to remain anonymous (*your gift will not be acknowledged*)

CARD NUMBER _____ EXPIRATION DATE _____ NAME AS IT APPEARS ON THE CARD _____

SIGNATURE _____