



This form is for your convenience when you wish to give a memorial or honor someone on a special occasion.

A TRIBUTE in memory of in honor of

(Name)

ON THE OCCASION OF

(Memorial, birthday, anniversary, holiday, recovery or other occasion)

Enclosed is my tax-deductible contribution of \$ _____ (as allowable by law). Please send acknowledgement card to:

Name _____

Address _____ City _____ State _____ Zip _____

Donor(s) Name _____

Address _____ City _____ State _____ Zip _____

Please consider investing in the health of Ohio by making a contribution to the Academy of Medicine Education Foundation (AMEF). Your donation will help us to continue our support of medical education and community health initiatives.

Please charge my credit card:

VISA MasterCard American Express

\$5,000 \$2,500 \$2,000 \$500

Card Number

Other: \$ _____

Expiration Date (month/year)

I want to contribute to AMEF in honor of someone on a special occasion or as a memorial. (Please fill in separate form and return your contribution.)

Signature

My check to the AMEF is enclosed.

Preferred Mailing Address

Home Business

Address

Name

City, State, Zip

Organization Name

Preferred Telephone

All donations are fully tax-deductible. For more information about the AMEF please visit www.amcno.org and click on the AMEF link or call (216) 520-1000.

Please contact me by email in the future.

Email Address

AMEF Foundation
6100 Oak Tree Blvd., Ste. 440
Cleveland, Ohio 44131