



*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

Address \_\_\_\_\_

Home  Business

\_\_\_\_\_  
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](http://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  
6111 Oak Tree Blvd., Ste. 150  
Cleveland, Ohio 44131