

# SOCIETY OF BEHAVIORAL MEDICINE (SBM)

Proven Science—Better Health Giving Campaign



## DONATION FORM

### DONOR INFORMATION (please print or type)

Name: \_\_\_\_\_ Member#: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

E-mail: \_\_\_\_\_

### ACKNOWLEDGEMENT INFORMATION

Please use the following name(s) in all acknowledgement: \_\_\_\_\_

I (we) wish to have this gift remain anonymous.

### GIFT DESIGNATION

General Fund    Leadership Development Fund    Science Communication Fund    Policy Advocacy Fund

*If you choose not to enter a designation, your donation will be applied to the General Fund*

### PAYMENT INFORMATION

**One-Time Gift:** Amount \$ \_\_\_\_\_

**Pledge:** I (we) pledge a total of \$ \_\_\_\_\_ to be paid:  quarterly    yearly – beginning on \_\_\_\_\_

Installment amounts of \$ \_\_\_\_\_ x \_\_\_\_\_ payments = \$ \_\_\_\_\_ pledge total.

I (we) plan to make this contribution in the form of:  cash    check    credit card    other

Gift will be matched by (company/foundation) \_\_\_\_\_

This gift is in honor of a special person or occasion: \_\_\_\_\_

This gift is in memory of: \_\_\_\_\_

### PLEASE MAKE CHECKS OR CORPORATE MATCHES PAYABLE TO: SOCIETY OF BEHAVIORAL MEDICINE

Credit card type \_\_\_\_\_ Exp. Date \_\_\_\_\_

Credit card number \_\_\_\_\_

Authorized Signature \_\_\_\_\_

#### Please return donation form to:

##### SBM

555 East Wells Street, Suite 1100

Milwaukee, WI 53202-3823

Telephone: (414) 918-3156 ▪ Fax: (414) 276-3349 ▪ [info@sbm.org](mailto:info@sbm.org)

The Society of Behavioral Medicine (SBM) is a 501(c)(3) tax-exempt organization; the tax number is 13-2984912. No goods or services were provided by SBM in return for this contribution. Your contribution is deductible to the fullest extent allowed by law.