

SOCIETY OF BEHAVIORAL MEDICINE (SBM)

Proven Science—Better Health Giving Campaign



DONATION FORM

DONOR INFORMATION (please print or type)

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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**

Honor Fund (Honor Fund Name): _____

Named Award, Institute, Lectureship: _____

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: monthly 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 _____

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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

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