

# SOCIETY OF BEHAVIORAL MEDICINE (SBM)

Proven Science—Better Health Giving Campaign



## DONATION FORM

### DONOR INFORMATION (please print or type)

Name: \_\_\_\_\_

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

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

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

### ACKNOWLEDGEMENT INFORMATION

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

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

### GIFT DESIGNATION

**Monica Baskin Diversity Institute      Jim Sallis Policy Advocacy Honor Fund      Bridging the Gap Research Award**

**Ken Wallston Leadership Development Honor Fund      Science Communication Fund**

**Area of Greatest Need:** Leadership Development Fund

### GIFT MADE IN HONOR/MEMORY

This gift is made in:    honor    memory

Please tell us who or what this gift is made in memory or honor of:

\_\_\_\_\_

### PAYMENT INFORMATION

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

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

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

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

### 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)

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