

Thank you for choosing to support the **AAO-HNS *foundation***.

Your charitable gift to the ***foundation's* Annual Fund** supports today's research opportunities, humanitarian and international programs, and improved quality and patient care outcomes that would not otherwise be possible.

Your charitable gift to the ***foundation's* Hal Foster, MD Endowment** ensures the future of the specialty through endowed lectures, research grants, International Visiting Scholarships (IVS), and humanitarian grants, as well as providing opportunities specific to residents, young physicians, and women, and promoting diversity of the specialty.

Millennium Society – Donor Recognition Club. Donors who make a charitable gift of at least \$1,000 to the Annual Fund or a charitable gift of at least \$5,000 to the Hal Foster, MD Endowment will automatically become part of the ***foundation's*** Millennium Society. Members of the Millennium Society receive exclusive benefits. To learn more, go to <http://www.entnet.org/content/millennium-society>.

For more information/questions, please contact:

AAO-HNS ***foundation*** Development Staff

Phone: 703-535-3775

Email: development@entnet.org

Yes! I would like to make a charitable gift/pledge to the AAO-HNS *foundation's* in support of:

- Annual Fund** **Annual Fund/Legends of Otolaryngology (in honor of Dr. Tardy)**
- Hal Foster, MD Endowment (General Endowment)**
- Directed Endowment:** _____
(see website for listing at www.entnet.org/donate)

Enclosed is my tax-deductible gift/pledge of:

- \$250** **\$500** **\$1,000** (Millennium Society Member Level)
- \$5,000** (Millennium Society Sustainer Level)
- \$30,000** (Millennium Society Life Member Level)
- Other Amount \$** _____ (a gift of any amount is appreciated)

- Enclosed is my check made payable to AAO-HNS **Foundation****
- I authorize making my contribution using the following credit card information:**

Name (as it appears on your credit card):		Member ID:
Email Address:		Phone:
Circle One:	AMEX MasterCard VISA	
Credit Card #:		Exp. Date:
Signature:		

Please return this form by mail to:

AAO-HNS **Foundation**
Attn: Development Department
1650 Diagonal Road, Alexandria, VA 22314

*The AAO-HNS **Foundation** is a 501 (c)(3) organization.
Donations are tax deductible to the extent permitted by current IRS regulations.*