



## MID-AMERICA ORTHOPAEDIC ASSOCIATION EDUCATION AND RESEARCH FUND



**PURPOSE:** To provide funds to support Guest Speakers, Multipurpose Resident Grants, Traveling Fellowships, Physician in Training Awards, and Education Grants

I pledge \$ \_\_\_\_\_ to support the Mid-America Orthopaedic Association Education and Research Fund.

I will contribute        \$ \_\_\_\_\_ one-time only  
                                     \$ \_\_\_\_\_ annually for \_\_\_\_\_ years  
                                     \$ \_\_\_\_\_ quarterly for \_\_\_\_\_ years  
                                     \$ \_\_\_\_\_ monthly for \_\_\_\_\_ years

\_\_\_\_\_  
**FIRST NAME**

\_\_\_\_\_  
**M.I.**

\_\_\_\_\_  
**LAST NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

- 
- ☐ I have made a bequest in my will or trust. The following language would be appropriate to satisfy the requirements of most states: "I give, devise, and bequeath to the Education and Research Fund of the Mid-America Orthopaedic Association (designate the dollar amount or other specified gift, i.e., 1,000 shares of company X, or my interest in \_\_\_\_\_, etc.)"
- ☐ I request a call from OREF to discuss additional donation opportunities through OREF.

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**All donations are tax deductible.**

Email completed pledge form to: [midamerica@maoa.org](mailto:midamerica@maoa.org)

**[CLICK HERE TO DONATE ONLINE](#)**

OR

Mail form to: Mid-America Orthopaedic Association  
300 Third Avenue, S.E., #405  
Rochester, MN 55904

PLEASE MAKE CHECK PAYABLE TO: **MID-AMERICA ORTHOPAEDIC ASSOCIATION EDUCATION  
AND RESEARCH FUND**