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

All donations are tax deductible.

_____ _____ _____
FIRST NAME **MIDDLE INITIAL** **LAST NAME**

_____ _____
SIGNATURE **DATE**

Examples:

$4,000	12 quarterly payments = $333.34 per quarter
$3,000	36 monthly payments = $83.34 per month
$3,000	12 quarterly payments = $250.00 per quarter
$2,000	36 monthly payments = $55.56 per month
$2,000	12 quarterly payments = $166.67 per quarter

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

☐ 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 desire a call from OREF to discuss additional donation opportunities through OREF. Name: _____

Mail form & check to:

Mid-America Orthopaedic Association
300 Third Avenue, S.E., #405
Rochester, MN 55904
Telephone: 507-281-3431
E-mail: midamerica@maoa.org