



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

☐ Please designate this gift to the MAOA Capital Campaign

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.

All donations are tax deductible.

Email completed pledge form to: midamerica@maoa.org
[CLICK HERE TO DONATE ONLINE](#)

OR

Mail completed form and check 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**