



MEDICAL DERMATOLOGY SOCIETY

Mentorship Program Sponsor

SUPPORT THE MEDICAL DERMATOLOGY SOCIETY WITH A TAX-DEDUCTIBLE CHARITABLE CONTRIBUTION

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DONATION PAYMENT METHOD AND INFORMATION

CHECK: Check or Money Order must be United States Currency and Drawn from a United States Bank Checks Payable to the "Medical Dermatology Society"

CREDIT CARD: Credit Card Information _____ American Express _____ Master Card _____ Visa

Total Amount Authorized for Mentorship Donation \$ _____

Name on Card (please print) _____

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Expiration Date: _____ CVV 3/4 digit security code: _____

Signature: _____

Please note when paying by credit card, the transaction line item on your billing statement will show as SID

❖ **YOUR GIFT IS 100% TAX DEDUCTIBLE FOR WHICH YOU WILL RECEIVE A GIFT ACKNOWLEDGEMENT LETTER**

DO YOU WISH TO REMAIN ANONYMOUS FOR THIS GENEROUS DONATION TO THE MDS MENTORSHIP PROGRAM?

___ **YES** I wish to remain anonymous

___ **NO** It is not necessary to remain anonymous

THIS COMPLETED FORM WITH PAYMENT CAN BE SUBMITTED VIA ONE OF THE SUGGESTED METHODS

Mail Medical Dermatology Society, 526 Superior Avenue East, Suite 340, Cleveland, Ohio 44114

Email mds@sidnet.org

Fax 216-579-9333