ASGE Foundation Circle of Light Society

☐ Enclosed please find my annual gift of $_____ ($1,000 or more)

☐ One-time gift ☐ Annual pledge for _____ years.

Please designate my donation for:

☐ Unrestricted ☐ Education ☐ Practice Improvement ☐ Research ☐ Public Outreach

☐ Other _____

Billing Information:

☐ Check enclosed (payable to ASGE Foundation)

☐ Charge my credit card (check one) ☐ MasterCard ☐ AmEx ☐ Visa ☐ Discover

Cardholder Name _____

Credit Card Number _____

Exp. Date (MM/YY) _____

Signature _____

Recognition:

Please print name exactly as you wish it to appear for recognition purposes.

_____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

☐ I would like my gift to remain anonymous.

☐ Please send me information on planned giving.

This gift is made ☐ in honor of ☐ in memory of _____

Notify (Name) _____

Address _____

Circle of Light Society recognition and benefits are offered to donors who make a cumulative annual contribution of $1,000 or more between January 1 and