



GIVING FORM

THANK YOU FOR HELPING US support education, research and the radiological profession through your generous gift. Please fill out the form below and fax it with your credit card information to us at (630) 571-7837, or send it in with your check made payable to the Radiological Society of North America.

NAME (OR NAMES AS THEY SHOULD APPEAR ON RECOGNITION LISTS) _____ RSNA MEMBERSHIP # _____

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- \$1,500+ (I UNDERSTAND THIS IS AN INTENT TO GIVE A MINIMUM OF \$1,500 PER YEAR.)

The RSNA research and Education Foundation will total your pledge amount for one year to provide proper recognition.

- Please send me information on the benefits of making a Planned Gift to the RSNA Research and Education Foundation.
- I have included the RSNA Research and Education Foundation in my will.
- I am considering including the RSNA Research and Education Foundation in my will.



Please send this form to:

Radiological Society of North America
Attn: Research and Education Foundation
820 Jorie Boulevard
Oak Brook, IL 60523-2251