



Please send your completed form to:

RSNA Research & Education Foundation
820 Jorie Blvd, Oak Brook, IL 60523 USA
FAX 1-630-571-7837

For more information, please contact:

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TEL 1-630-590-7773
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RSNA PRESIDENTS CIRCLE GIVING FORM

NAME _____ RSNA MEMBERSHIP # _____

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MY GIFT IS IN MEMORY OF _____ MY GIFT IS IN HONOR OF _____

PLEASE NOTIFY THE ABOVE OF THIS COMMEMORATIVE GIFT (INCLUDE CONTACT INFORMATION)

I would like to be a member of the Presidents Circle:

DONATION AMOUNT: \$1,500 \$2,500 \$5,000 OTHER AMOUNT \$ _____

- I have enclosed my check drawn on a U.S. Bank in U.S. funds made payable to the RSNA R&E Foundation. By sending your check to us, you authorize RSNA to convert into an electronic funds transfer. Please be aware that your bank may be debited the same day we receive your payment.
- Please send me information on the benefits of making a planned gift to the RSNA R&E Foundation.
- I have included the RSNA R&E Foundation in my will.

If authorizing a credit card donation, please complete the following:

- Visa Mastercard American Express Diners Club Discover

CARD NUMBER _____ EXPIRATION DATE _____ NAME AS IT APPEARS ON CARD _____

One time donation of: \$1,500 \$2,500 \$5,000 OTHER AMOUNT \$ _____

Please divide my total donation of \$ _____ into equal payments and charge my credit card:

- Semi-Annually Quarterly Monthly

By my signature, I authorize use of my credit card to give a donation to the RSNA R&E Foundation in the amount and frequency indicated above. I understand this authorization will remain in effect until I notify the RSNA R&E Foundation in writing of any changes.

SIGNATURE OF AUTHORIZATION: _____

Why do you support the R&E Foundation? Tell us your message: _____