



Eastern Association for the Surgery of Trauma
Advancing Science, Fostering Relationships, and Building Careers

The EAST Development Fund
Furnishing Leadership and Fostering Advances in the Surgery of Trauma

In furtherance of its exempt purposes, EAST established the EAST Development Fund ("Fund"), to support initiatives designed to reduce the incidence of trauma and improve the care of the injured patient. The initiatives supported by the Fund are in the areas of research, injury control and violence prevention, education and leadership development.

The EAST Development Fund supports valuable initiatives that advance scientific and research efforts that improve the care of the injured patient. For more information on how your contribution may be applied visit the [Development & Fundraising page](#) on the EAST website. The Eastern Association of the Surgery for Trauma ("EAST") is a Tennessee nonprofit corporation exempt from federal income tax pursuant to Internal Revenue Code Section 501(c)(3). Gifts to EAST are deductible for income tax purposes within the limits prescribed by state and federal laws. Please consult your tax advisor.

Please type or print

Your Name: _____

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Recognition Levels: Contributors will be recognized in exclusive ways for exceptional giving. Please specify below the terms of your contribution or pledge:

- Elite Level: \$10,000 (\$2,000/year for 5 years)
- Visionary Level: \$2,500 (\$500/year for 5 years)
- Leadership Level: \$5,000 (\$1,000/year for 5 years)
- EAST Friends Level: Up to \$2,500 (up to \$500/year for 5 years)

- **Total Amount of Contribution \$** _____ *Example: \$1,000 per year for 5 years would be \$5,000 total*
 - Over How Many Years (1-5 years; standard is 5-years) _____
 - I would like to pay*: Annually Semi-Annually Quarterly Monthly
 - First pledge payment date: _____

*EAST will mail statements based on the schedule you determine is best for you.

Instructions or comments regarding contribution or pledge: _____

Matching Gift: I anticipate that my gift will be matched by (specify institution): _____

Please accept my one time annual contribution in the amount of \$ _____

Payment Options:

- Online** – Please visit www.east.org/development and click the "Donate"
- Check** – Please make payable to EAST and return by mail to EAST at the address listed below
- Credit Card** – Please complete donation form and return by mail, fax, or email to EAST
 - American Express MasterCard Visa

Card number: _____ Exp: _____ Sec. Code: _____

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Signature: _____

I would like my gift to support (please check one):

- General Development Fund
- Injury Control and Violence Prevention
- Education and Leadership
- Research

I wish to give this gift In Memory/Honor of: _____

Please return form to: EAST, 633 N. Saint Clair St., Suite 2600, Chicago, IL 60611
Email: managementoffice@east.org ♦ Fax: 312.202.5064 ♦ Web: www.east.org ♦ Phone: 312.202.5508

EAST Tax ID #: 62-1310842