



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.

To learn how your gift may be applied, visit the Development Fund page on the EAST website. The Eastern Association for the Surgery of 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.

DONOR INFORMATION

Name: _____

Address: _____

Phone: _____ Email: _____

CONTRIBUTION

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

- | | |
|---|---|
| <input type="checkbox"/> General Development Fund | <input type="checkbox"/> Injury Control and Violence Prevention |
| <input type="checkbox"/> Education and Leadership | <input type="checkbox"/> Research |

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

Instructions or comments regarding contribution or pledge: _____

Total Amount of Contribution: \$ _____ (USD) Example: \$100 per month for 12 months would be \$1,200 total

Frequency (check one): One-Time Donation Monthly Quarterly Semi-Annually Annually

The initial transaction will occur the day EAST receives this form. If recurring, the donations will recur until (check one):

- No End Date ___ / ___ / ___ (Month/Day/Year)

PAYMENT & BILLING

- Online – Please visit www.east.org/development/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

Card Type: American Express MasterCard Visa

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

Name on card: _____

Signature: _____

I authorize the Eastern Association for the Surgery of Trauma (EAST) to bill the credit card listed above as a donation to the EAST Development Fund, according to the specifications indicated on this form. I understand that I can change or cancel my donation at any time.

Thank you for supporting the EAST Development Fund!

Please return form to: EAST, 633 N. Saint Clair St., Suite 2400, Chicago, IL 60611-3295
Email: managementoffice@east.org ♦ Fax: 312.202.5064 ♦ Web: www.east.org ♦ Phone: 312.202.5508
EAST Tax ID #: 62-1310842