

AFSH Recurring Gift - Set-up Agreement

**AFSH Automated Giving**



AMERICAN  
FOUNDATION  
for SURGERY  
OF THE HAND

Donor Name (*printed legibly*): \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Secondary Email Address: \_\_\_\_\_

Total Donation Amount per installment

\$

Installment Frequency  
(*circle one*)

Monthly

Quarterly

Semi-annually

Annually

Ending Date (optional)

\_\_\_\_/\_\_\_\_

(*mm/yyyy*)

Type: Visa/ MC/ AmEx/ Discover

Payment Details

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_

Please indicate donation amounts for each fund selected.

\$\_\_\_\_\_ Annual Campaign

\$\_\_\_\_\_ Andrew J. Weiland Medal

\$\_\_\_\_\_ J. Leonard Goldner Fund (*Outstanding Research*)

Amounts should equal Total Donation Amount per Installment listed above.

\$\_\_\_\_\_ Lee Gordon Fund (*HVO*)

\$\_\_\_\_\_ Robert E. Carroll Founders Lecture

\$\_\_\_\_\_ Sterling Bunnell Traveling Fellowship

*\*Donations to separate funds will be processed as separate transactions.*

Is your donation also a pledge commitment?

Yes

No

\_\_\_\_\_ Complus Manus

\_\_\_\_\_ Founders Circle (*\$10,000 over 4 years*)

\_\_\_\_\_ 2011 Leadership Circle (*Annual Campaign only*)

*I hereby authorize the American Foundation for Surgery of the Hand (AFSH) to charge my credit card according to the terms specified on this form. I understand that if I choose to terminate this agreement at any time, AFSH will not be responsible to refund any amount charged prior to receiving my request to terminate.*

Signature: \_\_\_\_\_