

AFSH Annual Campaign Contribution



AMERICAN
FOUNDATION
for SURGERY
OF THE HAND

Donor Name (*printed legibly*): _____

Primary Email Address: _____

Secondary Email Address: _____

I would like to support this year's campaign. (Make checks payable to AFSH.)

___ *Recurring Auto-Pay Gift** ___ *Check* ___ *Credit Card* ___ *Gift of Stock***

Amount: \$ _____

Credit Card Type: Visa/ MC/ AmEx/ Discover

Card Number: _____

Expiration: ____/____ CSV: _____

Please enroll me in the following giving club(s) (*optional*):

___ Leadership Circle (\$5,000 annually, payable by Sept 1 to receive pin at Annual Meeting)

___ Founders Circle (\$10,000 paid over 4 years)

___ Leadership Circle and Founders Circle (\$5,000 this year/\$5,000 within the next 3 years)

___ Order of Complus Manus (\$1,500 over 3 years) – CANDIDATE MEMBERS ONLY

___ Order of Complus Manus (\$3,000 over 3 years) – NEW ACTIVE MEMBERS/LAST THREE YEARS

****Recurring gift donors, please complete the following information:***

Installment Amount

(*Begins the first week of the month after commitment is received*)

\$ _____

Installment Frequency (circle one): *Monthly* *Semi-Annually* *Quarterly* *Annually*

Ending Date (optional) ____/____ (mm/yyyy)

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 in writing.

Signature: _____

****Visit www.afsh.org for more information on contributing stocks, restricting your donation to a particular fund, making a memorial or honor gift, etc.**

Mail to:

AFSH

Department 2026

PO Box 87916

Carol Stream, IL 60188

Fax:

(847) 384-1435

Questions?

(837)384-8300

or

afsh@assh.org