

# MAIL IN GIVING FORM

## AATS Foundation

800 Cummings Center, Suite 350-V  
Beverly, MA 01915  
Tel: 978-252-2200 | Fax: 978-522-8469

**Yes! I/We would like to support the AATS Foundation today with my gift in the amount of:**  \$1,000  \$500  \$100  Other: \_\_\_\_\_

- I would like to make this donation anonymously.  I have included the Foundation in my will/estate plan.  
 I have completed, signed and enclosed my company's matching gift form.  Please send me information about making a planned gift.

- Please leave my gift unrestricted for Board designation  
 Please designate my restricted gift to:

\_\_ Graham Surgical Investigator Program  
\_\_ Everts A. Graham Traveling Fellowship  
\_\_ Research Scholarship

### Honoring Our Mentors Fellowship Program:

\_\_ Honoring Aldo R. Castaneda  
\_\_ Honoring Our Cleveland Clinic Mentors Program  
\_\_ Lawrence H. Cohn Clinical Scholar Program  
\_\_ Denton A. Cooley Fellowship  
\_\_ Honoring Timothy J. Gardner  
\_\_ Marc R. de Leval Fellowship  
\_\_ F. Griffith Pearson Fellowship  
\_\_ Jack A. Roth Fellowship in Thoracic Surgical Oncology

### Payment Type:

- Enclosed is my check, payable to AATS Foundation.  
 Please charge my Credit Card:  VISA  MasterCard  American Express

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Card Number

Exp. Date: \_\_\_\_/\_\_\_\_/  
Month Year

Security Code: \_\_\_\_\_  
*Last 3 or 4 digits in the signature area of the card*

\_\_\_\_\_  
Printed Name (as it appears on the card) Signature Home phone Email

\_\_\_\_\_  
Address City State Zip

- Single Payment  I wish to make a recurring gift in the amount of \_\_\_\_\_ for each payment,  Annually  Monthly  Quarterly

Number of Payments (3 Year limit) \_\_\_\_\_ Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_