

## 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:

\_\_\_ Cardiac Surgical Resident Investigator

\_\_\_ Everts A. Graham Traveling Fellowship

\_\_\_ Medical Student Diversity Scholarship

\_\_\_ Research Scholarship

\_\_\_ Surgical Investigator Program

\_\_\_ WTS Mid-Career Investigator Award

### **Honoring Our Mentors Fellowship Program:**

\_\_\_ Alain F. Carpentier Program

\_\_\_ Aldo R. Castaneda Fellowship

\_\_\_ Honoring Our Cleveland Clinic Mentors Program

\_\_\_ Lawrence H. Cohn Program

\_\_\_ Denton A. Cooley Fellowship

\_\_\_ Marc R. de Leval Fellowship

\_\_\_ Timothy J. Gardner Program

\_\_\_ Sir Magdi Yacoub International Mentored Career Development Award

\_\_\_ F. Griffith Pearson Fellowship

\_\_\_ Jack A. Roth Program

\_\_\_ Valerie Rusch Mentored Career Development Award

\_\_\_ David J. Sugarbaker Program

### **Payment Type:**

☐ Enclosed is my check, payable to AATS Foundation.

☐ Please charge my Credit Card: ☐ VISA ☐ MasterCard ☐ American Express

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Card Number

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

Security Code: \_\_\_\_\_

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☐ 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: \_\_\_\_/\_\_\_\_/\_\_\_\_