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# Donation Form

Thank you for your support of the Society of Diagnostic Medical Sonography (SDMS) Foundation!

## Donor Information

SDMS Member #  E-mail (receipt will be sent to this address)

Last Name  First Name

Company (if applicable)

Address

City  State/Province  Zip+4/Postal Code  Country (if not US)  Daytime Phone

### Office Use Only

Date Received \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Donation \*

\$25    \$50    \$100    \$250    \$500    \$1000    \$5000    Other Amount: \$

Please contact me as I am interested in:

- Making a large donation to the SDMS Foundation
- Making a multi-year pledge to the SDMS Foundation
- Donating stock to the SDMS Foundation
- Donating sonography books, videos, etc.
- Donating ultrasound equipment/supplies (in working condition)
- Making a planned gift or a bequest in my will to the SDMS Foundation

## Payment Type:

- Cash
- Credit Card (\$10 minimum charge for credit/debit card)
- American Express    Discover    MasterCard    Visa

Check Number: \_\_\_\_\_

(drawn on U.S. bank and payable in U.S. funds to the SDMS Foundation; Federal Tax ID 27-0335425)

Cardholder's Name (as it appears on the card): \_\_\_\_\_

Cardholder's Billing Address (as it appears on statements): \_\_\_\_\_

City  State/Province  Zip+4/Postal Code

Credit Card Number  Expiration Date  3 or 4-digit Security Code

\* The Society of Diagnostic Medical Sonography (SDMS) Foundation is recognized by the Internal Revenue Service (IRS) as a tax exempt charitable organization described in Section 501(c)(3) of the Internal Revenue Code. Your donation will be deductible to the extent permitted by law (consult a tax professional).

**I hereby authorize the above charge to my credit card.  
I understand that donations are non-refundable.**

Signature \_\_\_\_\_

**Thank you for your support of the SDMS Foundation!**