



**ASSOCIATION OF PROFESSORS OF DERMATOLOGY
LOWELL GOLDSMITH, MD ENDOWMENT
DONATION / PLEDGE FORM**

TODAY'S DATE _____

DONOR INFORMATION

NAME _____ CREDENTIALS _____

INSTITUTION _____

ADDRESS _____

CITY _____ STATE: _____ ZIP CODE _____

TELEPHONE _____ EMAIL (REQ) _____

ACKNOWLEDGEMENT

PLEASE USE THE FOLLOWING NAME(S) IN ALL ACKNOWLEDGEMENTS:

I /WE WISH TO HAVE MY/OUR GIFT REMAIN ANONYMOUS.

DONATION / PLEDGE INFORMATION – DONATIONS ARE TAX DEDUCTABLE, APD TAX ID: 95-3051907

I/WE WISH TO MAKE AN IMMEDIATE DONATION OF:

\$10,000 \$ 5,000 \$1,000 \$500 Other \$ _____

I/WE WISH TO PLEDGE A TOTAL OF \$ _____ TO BE PAID PER THE FOLLOWING PLAN*:

- QUARTERLY OVER 1 YEAR: ¼ OF PLEDGE TOTAL PAID NOW AND ¼ PAID EVERY 3 MONTHS.
- BI-ANNUALLY OVER 1 YEAR: ½ OF PLEDGE TOTAL PAID NOW AND ½ PAID 6 MONTHS FROM NOW.
- 2 YEARLY INSTALLMENTS: ½ OF PLEDGE TOTAL PAID NOW AND ½ PAID A YEAR LATER.
- 5 YEARLY INSTALLMENTS: 1/5 OF PLEDGE TOTAL PAID NOW, THE BALANCE PAID EVENLY OVER NEXT 4 YEARS. *OPTION ONLY AVAILABLE FOR TOTAL PLEDGE AMOUNTS OVER \$1000.*

PAYMENT - I/WE PLAN TO MAKE MY/OUR DONATION VIA:

CHECK - MAKE PAYABLE TO "ASSOCIATION OF PROFESSORS OF DERMATOLOGY". WRITE "LOWELL GOLDSMITH" ON MEMO LINE
NOTE: FOR PLEDGE PAYMENT PLANS, THE APD OFFICE WILL INVOICE THE DONOR AT THE EMAIL ENTERED ABOVE.

CREDIT CARD AMERICAN EXPRESS MASTER CARD VISA

NAME ON CARD _____

CARD NUMBER _____

BILLING ADDRESS SAME AS ABOVE _____

SIGNATURE _____ EXPIRATION DATE _____ CVV CODE _____

BY SIGNING, I AUTHORIZE CHARGING THIS CREDIT CARD PER THE DONATION/PLEDGE PAYMENT PLAN SELECTED ABOVE.*

SUBMIT THIS COMPLETED FORM WITH PAYMENT TO

ASSOCIATION OF PROFESSORS OF DERMATOLOGY

6134 POPLAR BLUFF CIRCLE, SUITE 101, NORCROSS, GEORGIA 30092

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