

# Donation Form

Please enclose this form with your check made payable to "Foundation for SMFM"



## Foundation for SMFM

### Contact Information

_____ FIRST NAME	_____ LAST NAME	_____ DEGREE(S)	
_____ STREET ADDRESS	_____ CITY	_____ STATE	_____ ZIP CODE
_____ PHONE	_____ E-MAIL		

### Donation Designation

- |  |   |
|--|---|
| <input type="checkbox"/> SMFM/AAOGF RESEARCH SCHOLARSHIP | <input type="checkbox"/> QUEENAN FELLOWSHIPS FOR GLOBAL HEALTH        |
| <input type="checkbox"/> GARITE MINI-SABBATICAL GRANT    | <input type="checkbox"/> FIRST YEAR MFM FELLOWS RETREAT               |
| <input type="checkbox"/> QUILLIGAN SCHOLARS PROGRAM      | <input type="checkbox"/> GENERAL DONATION (WHEREVER NEED IS GREATEST) |

- APPLY THIS DONATION TO MY FOUNDER'S CLUB OR LEADER'S CLUB PLEDGE.
- I WOULD LIKE TO DEDICATE THIS DONATION IN HONOR OR MEMORY OF SOMEONE:
- IN HONOR OF MY MENTOR: \_\_\_\_\_
- IN HONOR OF A FELLOW: \_\_\_\_\_
- IN MEMORY OF: \_\_\_\_\_

IF THIS DONATION IS IN HONOR OF A MENTOR OR A FELLOW, TELL US ABOUT THE IMPORTANCE OF THE PERSON TO YOU (YOUR COMMENTS MAY BE PUBLISHED IN OUR ANNUAL REPORT OR APPEAR ON OUR WEBSITE):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for your generosity!**

Your contribution directly supports our mission to advance care in pregnancy through research and education and helps us sustain our programs. We appreciate your generosity.

Please contact Michele Prince, our Executive Director, if you have any questions about your donation.

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