

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
E-MAIL	PHONE	

Donation Designation

- | | |
|--|--|
| <input type="checkbox"/> DANIELLE PERESS, MD MEMORIAL FUND | <input type="checkbox"/> GENERAL DONATION (OR GREATEST NEED) |
| <input type="checkbox"/> FSMFM/AAOGF SCHOLARSHIP | <input type="checkbox"/> QUEENAN GLOBAL HEALTH AWARDS |
| <input type="checkbox"/> GARITE MINI-SABBATICAL GRANTS | <input type="checkbox"/> RESIDENT SCHOLARS PROGRAM |

I WOULD LIKE TO DEDICATE THIS DONATION **IN HONOR** OR **IN MEMORY** OF:

- A MENTOR: _____
- A FELLOW: _____
- OTHER: _____

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 vision to advance equitable and optimal pregnancy care by fostering career development through research and education. We appreciate your generosity.

Please contact us if you have any questions about your donation.

MAKE CHECKS PAYABLE / REMIT TO:

Foundation for SMFM
P.O. Box 420016
Washington, DC 20042-0016

202-517-7068 | foundation@smfm.org
FoundationForSMFM.org