## Enclosed please find my gift to the ASGE Foundation in the amount of:

☐ $100 ☐ $250 ☐ $500 ☐ $1,000* ☐ Other $_____

## Please direct my gift to the following area:

☐ Unrestricted ☐ Education ☐ Practice Improvement ☐ Research ☐ Public Outreach

☐ Other _____

## Billing Information:

☐ Check enclosed (payable to ASGE Foundation)

☐ Charge my credit card (check one) ☐ MasterCard ☐ AmEx ☐ Visa ☐ Discover

Cardholder Name _____

Credit Card Number _____

Exp. Date (MM/YY) _____

Signature _____

## Recognition:

Please print name exactly as you wish it to appear for recognition purposes.

_____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

☐ I would like my gift to remain anonymous.

☐ Please send me information on planned giving.

This gift is made ☐ in honor of ☐ in memory of _____

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