



230 W. Monroe St., Suite 710
Chicago, IL 60606-4703 USA
312-235-4060 • 312-235-4059 (Fax)

I. DONOR INFORMATION

NAME: _____ INSTITUTION: _____
ADDRESS: _____ EMAIL: _____
CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

Please indicate how you would prefer your name to be listed for donor recognition purposes:

_____ ☐ I do not wish to be publicly recognized

II. DONATION GIFT

This gift is intended for the Foundation's Endowment Fund in support of research and education.
I would like to make a:

Pledge of \$ _____ per year for _____ years.

Pledge of \$ _____ per year, payable semi-annually, for _____ years.

One-time gift of \$ _____.

III. METHOD OF PAYMENT

☐ Check enclosed in the amount of \$ _____

Please make checks payable to:

Foundation for Gynecologic Oncology
26419 Network Place
Chicago, IL 60673-1264 USA

☐ Credit Card (circle one) MasterCard Visa American Express Discover

Credit Card Number: _____ Name on Card: _____

Expiration Date: _____ Security Code: _____

☐ Pledge Commitment – Please bill me separately.

SIGNATURE

DATE

Please fax this completed form to (312) 235-4059 Attn: Kelly Stachovic. You will receive confirmation when both your payment and form have been received.