

The Knee Society's Research and Education Fund

DONATION | PLEDGE FORM

Name (as you wish to be recognized): _____
Attention (if applicable): _____
Address: _____
City: _____ State/Province: _____
Zip / Postal Code: _____ Country: _____
Telephone (best for contact): _____ Email: _____

I/we wish to contribute to The Knee Society's Research and Education Fund at:

- Legacy Level (\$1,000,000)**
- Sponsor Level (\$500,000 - \$999,999)** Total amount of contribution: \$ _____
- Mentor Level (\$250,000 - \$499,999)** Total amount of contribution: \$ _____
- Partner Level (\$100,000 - \$249,999)** Total amount of contribution: \$ _____
- This contribution will be paid in (1) one installment, by December 31, 20____; or
- This contribution will be paid in five (5) equal annual installments, by December 31 of each year, ending in 20____.

- Advisor Level (\$25,000 - \$99,999)** Total amount of contribution: \$ _____
- Visionary Level (\$10,000 - \$24,999)** Total amount of contribution: \$ _____
- Leadership Level (\$2,500 - \$9,999)** Total amount of contribution: \$ _____
- This contribution will be paid in (1) one installment, by December 31, 20____; or
- This contribution will be paid in three (3) equal annual installments, by December 31 of each year, ending in 20____.

- Loyalty Level (\$500 - \$2,499)** Total amount of contribution: \$ _____

My/our contribution is made to: **The General Fund** **The Dane A. Miller, PhD Subfund**

In honor of: _____

In memory of: _____

Substantial donations (\$500,000 and higher), either from a single donor, or from a group of donors, gifted in honor of, or in memory of, an individual, may be segregated into a separate sub-fund under the R&E Fund umbrella and be granted naming rights through a project, award or initiative supported by the sub-fund, i.e. the <<NAME>> Young Investigator Scholarship, etc. **The naming rights proposal must be presented, in writing, for approval by The Knee Society's Executive Board (via email knee@aaos.org).**

Payment arrangements:

Members of The Knee Society may donate online: <https://ebus.kneesociety.org/MyAccount/ResearchandEducationFundDonation/tabid/226/Default.aspx>
(member log in is required to access the site; for assistance call (847)698-1632 or email knee@aaos.org)

- Personal or corporate check is enclosed**
Made payable to The Knee Society Check number: _____

- American Express** **VISA** **Master Card** Please charge this card for annual installments on
December 31 of each year

Card number: _____

Name on the card: _____ Expiration date: _____

Signature: _____

The Knee Society is a tax-exempt 501(c)(3) organization. Donations made to the The Knee Society may be tax-deductible to the extent permitted by law.

The mission of The Knee Society is to promote outstanding care to patients with knee disorders through innovative research and education.

The Knee Society | 9400 W. Higgins Road, Suite 500 | Rosemont, Illinois 60018 | USA | www.kneesociety.org | email: knee@aaos.org