

Surgical Scope Fund

CONFIDENTIAL

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SSF **GS13**

The Eye M.D. Association

Fighting for Surgery by Surgeons

BELOW, CHECK / COMPLETE THE INFORMATION IN ONE BOX ONLY:	COMPLETE THE FOLLOWING FOR ALL CONTRIBUTIONS:
Contribution by Individual Member	CONTRIBUTION AMOUNT
Individual Name (please print) Member ID	\$2,500 \ \$1,000 \ \$500 \ \$365 (a dollar per day) \ \ Other \$
Practice Name	Payment Options - Contribute online at www.aao.org/ssf
Street Address	- Check made payable to American Academy of Ophthalmology-SSF
City, State, Zip Code	- Credit Card (fill out information below): Visa MasterCard American Express Discover
Email Address Phone Number	
Contribution by Practice, State Society or Subspecialty	Card Number Expiration Date
Practice/Organization Name (please print)	Cardholder's Billing Address
Street Address	Name on Card Signatur
City, State, Zip Code	NOTE : Credit card contributions may be paid in monthly installments; however, this mus be done online by the member at www.aao.org/ssf .
Email Address Phone Number	Monthly installment contributions are not available for group contributions.
THIS SECTION MUST BE COMPLETED FOR PRACTICE CONTRIBUTIONS ONLY Number of AAO Members in Practice (required) Select one option below: Record Gift Under Practice Name Only	American Academy of Ophthalmology Surgical Scope Fund Dept. #34041, PO Box 39000 San Francisco, CA 94139 or Fax to (415) 561-8545
Assign Equal Portions to Members (use additional paper if necessary):	Corporate and individual contributions are accepted, but are not tax deductible as a charitable contribution or business expense. Contributions to the Surgical Scope Fund are CONFIDENTIAL and are not subject to FEC reporting requirements. Funds are not used for contributions to political candidates or their PACs. For questions or to inquire about your giving history, please contact State Governmental Affairs located in the Washington, DC office at (202) 737-6662.