


## ATA GIVING FORM

Your annual support enables the ATA to continue its mission and to expand the positive impact our work provides in the lives of thyroid patients, families and the physicians who treat thyroid disease. Please contribute your tax-deductible gift of **\$150, \$450, or perhaps \$900** or more today!

CONTACT INFORMATION (for acknowledgment of my gift and for tax purposes)

NAME (as you wish to be acknowledged)	
COMPANY/INSTITUTION	
STREET	
CITY, STATE, ZIP CODE	
EMAIL	
OFFICE PHONE	
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Donation Amount:

\_\_\_\$100    \_\_\_\$150    \_\_\_\$200    \_\_\_\$450    \_\_\_\$900    Other \$ \_\_\_\_\_

My Institution Will Match My Donation Amount

\_\_\_\$100    \_\_\_\$150    \_\_\_\$200    \_\_\_\$450    \_\_\_\$900    Other \$ \_\_\_\_\_

Total Donation Amount: \$ \_\_\_\_\_ Check # \_\_\_\_\_

Credit Card Information (MC, VISA, AMEX, DISCOVER)

Designate my donation to:

- Thyroid Research Grants
- Patient Education
- Trainees Education & Resources
- Ridgway Trainee Fund
- Refetoff Fund

Credit Card Number _____
Cardholder Name _____
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Signature _____

Donation is in Honor Of: \_\_\_\_\_

Donation is in Memory Of: \_\_\_\_\_

*ATA is a 501(c) (3) nonprofit organization. Your gift is deductible according to tax law. A copy of the ATA's most recent audited financial information is available online.*

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