

# SUPPORT

# NASPAG



with your **endowment pledges**  
and **donations!**



**SUPPORT**  
**N A S P A G**  
 WITH YOUR DONATIONS.

NORTH AMERICAN SOCIETY FOR PEDIATRIC AND ADOLESCENT GYNECOLOGY  
 409 12th Street, SW Washington, DC 20024  
 202-863-1648 clarkins@acog.org

Return this card, along with your pledge or donation, to the **NASPAG Central Office**. Make checks payable to NASPAG and include "endowment donation" in the memo area.

Remember, all donations are tax deductible, and you will receive a letter of recognition for your contribution.

Participant's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Total Donation \_\_\_\_\_ Total Pledge \_\_\_\_\_

I have included a check for the amount of my donation.

Please charge the amount listed above (total pledge) to my credit card.                                     
 Visa MC AmEx Card Number Exp. date

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 Name as it appears on card Billing Address Signature (required, authorizing charge) Date

\_\_\_\_\_  
 Pledge/Donation Signature Date