



SUR RESEARCH AND EDUCATION FUND DONATION FORM

Thank you for donation to the SUR Research and Education Fund. Your support of research in the field of Uroradiology is greatly appreciated.

Member Name: _____ Member Number: _____

Street Address _____ Phone _____

Street Address _____

City/State/Zip _____

Email _____ Fax Number _____

The following are the donation levels. Each donor will be represented, by name and donation level, on the SUR website.

- | | |
|---|----------------|
| <input type="checkbox"/> Diamond Level | \$1001 and up |
| <input type="checkbox"/> Platinum Level | \$501 - \$1000 |
| <input type="checkbox"/> Gold Level | \$200 - \$500 |
| <input type="checkbox"/> Silver Level | \$100 - \$199 |
| <input type="checkbox"/> Bronze Level | \$50 - \$99 |

Total Donation: _____ \$_____.

Please make checks payable to SUR Research and Education Fund. All interest from the fund is directed to the awards with none of this fund going toward the SUR operating budget. Charitable donations are tax deductible in the USA to the extent of law. The U.S. Internal Revenue Services 501(c)(3) The Tax Identification Number is 23-7423418.

Name _____ Signature _____

Please return this form, with you donation to:
Angela Davis, Association Manager
Lindsey Williford, Association Coordinator
4550 Post Oak Place, Suite 342, Houston, TX 77041
Phone: (713) 965-0566 Fax: (713) 960- 0488 Email: SUR@meetingmanagers.com



CHARGE AUTHORIZATION FORM

SUR Research and Education Fund
4550 Post Oak Place, Suite 342
Houston, TX 77027
FAX: 713-960-0488

MASTERCARD VISA AMER EXP

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ACCOUNT NUMBER

--	--	--	--	--

EXPIRATION DATE

--	--	--

ID # (on back of card)

MEMBER #

MEMBER NAME

AMOUNT

AUTHORIZED SIGNATURE

PRINT NAME

FOR OFFICE USE ONLY:

Approval Number _____
Transactions _____
Total _____
Batch Number _____
Date _____
Purpose of Transaction _____