



NAME Foundation, Inc. Corporate/Supporting Member Donor Form

NAME _____

ORGANIZATION _____

ADDRESS _____

Email _____ Phone _____

Contributions or gifts to the National Association of Medical Examiners Foundation, Inc. may be tax deductible as charitable contributions to a 501c(3) corporation for Federal income tax purposes

Corporate/Supporting Member Levels:

Bronze \$250 _____

Silver \$500 _____

Gold \$1000 _____

You may choose to designate the use of your donated funds by the Foundation:

Amount donated for unrestricted use _____

Amount donated for use restricted to education and/or research _____

Amount donated for Building Fund _____

Amount donated for the Hisako Noguchi Memorial Fund _____

Amount donated to Endowment, restricted use for education and/or research _____

Amount donated to Endowment, non-restricted use (Foundation decides use) _____

Amount donated toward Building Fund _____

Total Amount of Donation _____

Please specify: _____ I wish to be an anonymous donor _____ The fact that I am a donor may be published

Check made payable to The NAME Foundation, Inc.

Signature _____ Date _____

Mail This Form and Donation to:
 National Association of Medical Examiners Foundation, Inc
 362 Bristol Rd
 Walnut Shade, MO 65771
 Phone: 660-734-1891 Fax: 888-370-4839

Thank You for Supporting the NAME Foundation, Inc