



NAME Foundation Inc.

Institutional Member Donor Form

NAME invites entities that share its goals “to support the forensic sciences through education and research, and to preserve the history of forensic pathology” to contribute yearly to the NAME Foundation by becoming an Institutional or Supporting Member.

Your name: _____

Your organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

Institutional Member Annual Donation Levels:	Bronze	\$250 (minimum donation)
	Silver	\$500
	Gold	\$1000

90% of the first \$250 of the donation will be applied to the Endowment, as defined in the Foundation Policy. The remaining 10% will be applied to unrestricted use by the foundation for use as decided by the Foundation Board of Trustees. Any amount above \$250 will be applied as requested below.

Amount above \$250 donated for restricted use (Endowment) _____

Amount above \$250 donated for unrestricted use _____

Amount above \$250 donated for designated use

Designated to: **Best student/resident awards** _____

Student/Fellow/Resident travel stipends _____

Memorial to: _____

Hisako Noguchi **Adam Peterson** _____

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