



# NAME Foundation, Inc. Supporting Member Donor Form

Name \_\_\_\_\_

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

The minimum Annual Donation to the Foundation is \$50 per year for Supporting Members. 90% of this 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.

**Amount of Annual Donation (\$50 for Supporting Members)** \_\_\_\_\_

Amounts in excess of the Annual Donation may be made during the original donation or at any time after the Annual Donation has been received

**Amount donated in excess of Annual Donation, restricted use (Endowment)** \_\_\_\_\_

**Amount donated in excess of Annual Donation, unrestricted use** \_\_\_\_\_

**Amount donated in excess of Annual Donation, 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**