

NAME Foundation Inc.  
Corporate/Supporting 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 a Corporate or Supporting Member.

Your name: \_\_\_\_\_

Your organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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 \_\_\_\_\_

If you wish to be an anonymous donor please initial here: \_\_\_\_

The fact that I/we are a donor may be published: yes \_\_\_\_ no \_\_\_\_

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

PAYMENT METHOD    \_\_\_\_ Check made payable to The NAME Foundation, Inc.  
   \_\_\_\_ Money Order

You signature \_\_\_\_\_ Date \_\_\_\_\_

Please 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 YOUR SUPPORT OF THE NAME FOUNDATION!