



**American Association of Orthodontists
Foundation**

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Toll Free: 1-800-424-2841 x546
Fax: 1-800-708-1364
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Orthodontic Staff Pledge Form

Please complete, sign and fax to the AAOF at 800-708-1364

YES, COUNT ME IN! I want to support the AAO Foundation’s mission to “Advance the orthodontic specialty by supporting orthodontic education and research.”

Please select one of the two following options:

I would like to make a one-time gift of \$ _____

I would like to contribute \$ _____ quarterly for a period of _____ years.

In either event, please bill my credit card as noted below:

MasterCard Visa American Express

Number: _____ Exp: _____

Name: _____

Address: _____

City/State/Zip: _____

Doctor’s Office Phone: _____ Doctor’s Office Fax: _____

E-Mail: _____

PLEASE MAKE ONE OF THE FOLLOWING TWO DESIGNATIONS:

- Please permanently restrict my gift to the Research Initiative Fund. I understand that funds from my gift will be invested in perpetuity with only the annual earnings from these investments used in support of orthodontic research.
- Please permanently restrict my gift to the AAOF Endowment. I understand that funds from my gift will be invested in perpetuity with only the annual earnings from these investments used in support of the Foundation.
- Please use my gift only in support of the Craniofacial Growth Legacy Collections Project (www.aaoflegacycollection.org).
- You may use my gift for orthodontic education and operational expenses at the discretion of the AAO Foundation Board of Directors.

Comments: _____

(The AAOF is a 501(c)(3) organization, as defined by the IRS, and gifts made to it are tax deductible to the extent allowed by the law.)