



### Vanguard Society Pledge Form

Name: \_\_\_\_\_ AAO Student ID Number (if applicable): \_\_\_\_\_

Name of Orthodontic Program: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**The payment structure for Vanguards is as follows:**

\$5 per month during residency

\$10 per month after graduation for 5 years

\$35 per month until pledge is paid

This is a minimum payment structure. You can pay more.

#### AUTOMATIC BILLING AUTHORIZATION

Member Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

I authorize you to charge my payment directly to the credit card(s) listed below:

Name on credit card (exactly as printed) \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Billing Address for credit card (Street, Apt. #) \_\_\_\_\_

City, State Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Yes, I would like to become a lifetime member of the **Vanguard Society** and pledge the following amount to the American Association of Orthodontists Foundation:

\_\_\_\_\_ \$5,000 Vanguard Society

\_\_\_\_\_ \$25,000 Vanguard Regent

I want to help the work of the AAO Foundation by contributing to:

\_\_\_\_\_ Area of Greatest Need

\_\_\_\_\_ AAO Foundation Endowment

\_\_\_\_\_ Craniofacial Growth Legacy Collections Project

\_\_\_\_\_ Research Initiative Fund

AAO Foundation  
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