

We commit to making a positive impact in the future of the orthodontic specialty by partnering with the **American Association of Orthodontists Foundation** to support quality education and research that leads to excellence in patient care.

Organization Name _____

Address _____

City/State/Zip _____

Contact Name _____

Phone _____

Email Address _____

A check is enclosed made out to American Association of Orthodontists Foundation (AAOF)

Please mail to:
AAO Foundation
401 N. Lindbergh Blvd.
St. Louis, MO 63141

We pledge our support at the following level

- | | |
|---|--|
| <input type="checkbox"/> Platinum \$1,000,000 | <input type="checkbox"/> Fellow \$50,000 |
| <input type="checkbox"/> Diamond \$750,000 | <input type="checkbox"/> Regent \$25,000 |
| <input type="checkbox"/> Gold \$500,000 | <input type="checkbox"/> Mentor \$20,000 |
| <input type="checkbox"/> Silver \$250,000 | <input type="checkbox"/> Benefactor \$15,000 |
| <input type="checkbox"/> Bronze \$200,000 | <input type="checkbox"/> Patron \$10,000 |
| <input type="checkbox"/> Ambassador \$150,000 | <input type="checkbox"/> Supporter \$5,000 |
| <input type="checkbox"/> Founder \$100,000 | |

Please charge the credit card below

Monthly Quarterly Annually

Beginning in (Month)____/(Year)_____

Please send an invoice

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Visa Master Card Discover American Express

Name (as it appears on card) _____

Card Number _____

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Billing Zip Code _____



Gift Designation

- ___ Greatest Need
- ___ AAO Foundation Endowment
- ___ Research Initiative Fund
- ___ Craniofacial Growth Legacy Collections Project