



### ***Vanguard Society Pledge Form***

Name \_\_\_\_\_ AAO Student ID Number \_\_\_\_\_  
Name of Orthodontic Program \_\_\_\_\_ Expected Graduation Month/Year \_\_\_\_\_  
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 starting year 6 until pledge is fulfilled  
This is a minimum payment structure.

### **AUTOMATIC BILLING AUTHORIZATION**

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 \_\_\_\_\_ Month & Year to start pledge payments \_\_\_\_\_  
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 one of the options below:

- ☐ Area of Greatest Need
- ☐ AAO Foundation Endowment
- ☐ Craniofacial Growth Legacy Collections Project
- ☐ Research Initiative Fund

AAO Foundation  
Jackie Bode, MA, CFRE  
Executive Director  
401 N. Lindbergh Blvd. St. Louis, MO 63141  
314-292-6546 [jbode@aaortho.org](mailto:jbode@aaortho.org)