



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
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