American Association of Orthodontists

AAOF Advancing the Specialty

American Association of Orthodontists Foundation

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St. Louis, MO 63141
Tel: 314.993.1700, #546
Toll Free: 1.800.424.2841, #546
Fax: 1.800.708.1364
E-Mail: aaof@aaortho.org

I choose:

___ Option One, i.e., having the AAOF bill my credit card:
___ According to my payment schedule
___ Monthly at ($25, $50, $100 or more) _____

___ Option Two, i.e., completing my pledge by making one credit card payment

Designation/Restrictions (Please Select One)

☐ 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 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.

Date: _____

Your signature: _____

AUTOMATIC BILLING AUTHORIZATION FORM

Member Name: _____ ID Number: _____

FROM CREDIT CARD:

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

Primary Card Account

_____
Name on credit card (exactly as printed)

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

_____

Secondary Card Account

_____
Name on credit card (exactly as printed)

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

_____

City, State Zip

Credit card Number Expiration Date

Signature Today's Date

City, State Zip

Credit card number Expiration Date

Signature Today's Date

Bill all charges to the above card(s). Since the payment amount may vary, I will receive written notification of the amount and date of the next charge prior to each scheduled transaction date.

This authorization is valid until I provide you with written cancellation.