



**American Association of Orthodontists
Foundation**

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Orthodontic Staff Pledge Form

Please complete, sign and fax to the AAOF at 314-993-5208

YES, COUNT ME IN! I want to support the AAO Foundation’s mission to “Advance the orthodontic specialty by supporting orthodontic education and research.”

Please select one of the two following options:

I would like to make a one-time gift of \$_____

I would like to contribute \$_____ quarterly for a period of _____ years.

In either event, please bill my credit card as noted below:

MasterCard Visa American Express

Number: _____ Exp: _____

Name: _____

Address: _____

City/State/Zip: _____

Doctor’s Office Phone: _____ Doctor’s Office Fax: _____

E-Mail: _____

PLEASE MAKE ONE OF THE FOLLOWING TWO DESIGNATIONS:

Please restrict my gift solely to the Endowment Fund

You may use my gift for orthodontic education and operational expenses at the discretion of the AAO Foundation Board of Directors

Comments: _____

(The AAOF is a 501(c)(3) organization, as defined by the IRS, and gifts made to it are tax deductible to the extent allowed by the law.)