



American Society of Human Genetics

discover. educate. advocate.

6120 Executive Boulevard, Suite 500  
Rockville, MD 20852

tel: 301.634.7300  
email: [society@ashg.org](mailto:society@ashg.org)  
web: <http://www.ashg.org>

## DONATION / PLEDGE FORM

### Donor Information

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_  Mobile  Home  Work

The American Society of Human Genetics is pleased to recognize you as a donor on our website and in our annual report and other publications. Please indicate your recognition preference by checking one of the following:

Please list my/our name(s) as: \_\_\_\_\_

I/We wish to remain anonymous

### Donation / Pledge Information

Total Donation/Pledge Amount: \$ \_\_\_\_\_

Payment Frequency:  One-time  Monthly  Quarterly  Annually

Recurring Payment Amount: \$ \_\_\_\_\_ First Payment Date: \_\_/\_\_/\_\_ Pledge Completion Date: \_\_/\_\_/\_\_

### Payment Information

Please bill me  Check  Credit card (fill out information below)

Visa  Master Card  Amex Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CW: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing Address (if different than above): \_\_\_\_\_

Signature\*: \_\_\_\_\_

*\* By signing, I acknowledge and understand that ASHG will automatically invoice me or charge my credit card as specified above for my pledged donation. Please make check payable to the American Society of Human Genetics.*

### PLEASE RETURN FORM WITH PAYMENT TO:

Address Above or [giving@ashg.org](mailto:giving@ashg.org)