

THE FOUNDATION FOR PLASTIC SURGERY

I would like to donate: \$250 \$500 \$1,000 \$5,000 \$10,000 (other) \$ _____

I would like to support:

GENERAL FUND FOR PATIENT CARE

a gift of \$1000 will _____

a gift of \$ 5,000 will _____

CONTINUING MEDICAL EDUCATION

a gift of \$ 10,000 will sponsor a regional conference in Southern California

a gift of \$ 50,000 will support a national conference

RESEARCH IN PLASTIC & RECONSTRUCTIVE SURGERY

a gift of \$ 10,000 will fund a laboratory for one year

a gift of \$ 25,000 will support a researcher's work for one year

SCHOLARSHIP / FELLOWSHIP SUPPORT

a gift of \$ 25,000 will support a resident for one year

a gift of \$ 100,000 will endow a fellowship in your name.

NAME: _____

COMPANY/ORGANIZATION: _____ EMAIL: _____

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Check Enclosed

PLEASE CHARGE:

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MC

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Amount \$: _____ Card#: _____ Exp. Date: _____

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Signature of cardholder: _____

I would like to make a Memorial Donation

In Memory of: _____

Send acknowledgement to: _____

Please return this card with your tax-deductible donation in the envelope provided or mail to:

The Foundation for Plastic Surgery 914 Westwood Blvd., #543 Los Angeles, CA 90024

For more information, call (310) 426-4001 501(c) 3 Tax ID: 65-1200563