



Rheumatology Research Foundation

Advancing Treatment | Finding Cures

YES, I am/We are pleased to invest in the extraordinary opportunity to support the Rheumatology Research Foundation. I/we acknowledge and direct this unrestricted commitment of a gift/pledge intended to support the Foundation's efforts of rheumatology research and training.

Name _____
(Please print name(s) as you would like listed for donor recognition purposes.)

Preferred Address _____

City _____ ST _____ Zip _____ Phone _____ (Home) or (Business)

Email _____ (Home) or (Business)

Signature _____ Date _____

GIVING OPTIONS (please check one):

____ Enclosed is my/our **one-time gift** to the in the amount of \$ _____

____ I/We would like to make a **pledge**:

Initial Pledge Payment Enclosed (optional): - \$ _____

Balance Due: \$ _____

Total Pledge: \$ _____

I/We intend to pay the balance as follows:

Payment Amount: \$ _____

☐ Annually ☐ Semi-annually ☐ Quarterly ☐ Monthly ☐ Other _____

Beginning Date: ____/____/____ Ending Date: ____/____/____

PAYMENT METHOD

☐ Cash/Check ☐ Stock/Securities (please contact me/us with transfer instructions)

Credit Card #: Exp. Date: /

Name on Card _____ Signature _____
(please print)

Return via email to donations@rheumatology.org or by
Mail to: Rheumatology Research Foundation, 3379 Peachtree Road NE, Ste. 700, Atlanta, GA 30326