



NAME Foundation, Inc. Donor Form

Name _____

Address _____

Email _____ Phone _____

Contributions or gifts to the National Association of Medical Examiners Foundation, Inc. may be tax deductible as charitable contributions to a 501c(3) corporation for Federal income tax purposes

The minimum Annual Donation to the Foundation is \$50 per year for NAME Members, irrespective of their membership category. 90% of this donation will be applied to the Endowment, as defined in the Foundation Policy. The remaining 10% will be applied to unrestricted use by the foundation for use as decided by the Foundation Board of Trustees.

Amount of Annual Donation (\$50 minimum) _____

Amounts in excess of the Annual Donation may be made during the original donation or at any time after the Annual Donation has been received

Amount donated in excess of Annual Donation, restricted use (Endowment) _____

Amount donated in excess of Annual Donation, unrestricted use _____

Amount donated in excess of Annual Donation, designated use

Designated to: Best student/resident awards _____

Student/Fellow/Resident travel stipends _____

Memorial to: _____

Hisako Noguchi Adam Peterson _____

Total Amount of Donation _____

Please specify: ___ I wish to be an anonymous donor ___ The fact that I am a donor may be published

Check made payable to The NAME Foundation, Inc.

Signature _____ Date _____

Mail This Form and Donation to:
National Association of Medical Examiners Foundation, Inc
362 Bristol Rd
Walnut Shade, MO 65771
Phone: 660-734-1891 Fax: 888-370-4839

Thank You for Supporting the NAME Foundation, Inc