



# NAME Foundation, Inc. Membership Gift Donor Form

This form is to be used when gifting a NAME Foundation membership to another individual

Name of Donor \_\_\_\_\_

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) \_\_\_\_\_

Name of person to receive Foundation Membership \_\_\_\_\_

Address of recipient \_\_\_\_\_

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*