



RSNA R&E Foundation Giving Form

Donate online at [RSNA.org/Donate](https://rsna.org/Donate)

Please send your completed form to:
Radiological Society of North America
Attn: Research and Education Foundation
820 Jorie Boulevard
Oak Brook, IL 60523
Fax (630) 571-7837

For more information, please contact:
Shelley Taylor, Manager, Fund Development
(630) 590-7773 or sltaylor@rsna.org
[RSNA.org/Foundation](https://rsna.org/Foundation)

NAME

RSNA MEMBERSHIP #

ADDRESS

CITY

STATE

ZIP

MY GIFT IS IN MEMORY OF

MY GIFT IS IN HONOR OF

PLEASE NOTIFY THE ABOVE OF THIS COMMEMORATIVE GIFT (INCLUDE CONTACT INFORMATION)

I would like to contribute at the following level:

- ☐ \$300 ☐ \$1,500 (a gift of \$1,500 or above qualifies you for the **RSNA Presidents Circle**)
☐ \$500 ☐ \$2,500
☐ \$1,000 ☐ \$5,000 ☐ Other: \$ _____

- ☐ I have enclosed my check drawn on a U.S. Bank in U.S. funds made payable to the RSNA R&E Foundation. By sending your check to us, you authorize RSNA to convert into an electronic funds transfer. Please be aware that your bank may be debited the same day we receive your payment.
- ☐ Please send me information on the benefits of making a planned gift to the RSNA R&E Foundation.
- ☐ I have included the RSNA R&E Foundation in my will.

If authorizing a credit card donation, please complete the following:

- ☐ Visa ☐ Mastercard ☐ American Express ☐ Diner's Club ☐ Discover

CARD NUMBER

EXPIRATION DATE

NAME AS IT APPEARS ON CARD

One time donation of: \$ _____

Please divide my total donation of \$ _____ into equal payments and charge my credit card:

- ☐ Semi – Annually
☐ Quarterly
☐ Monthly

BY MY SIGNATURE, I AUTHORIZE USE OF MY CREDIT CARD TO GIVE A DONATION TO THE RSNA R&E FOUNDATION IN THE AMOUNT AND FREQUENCY INDICATED ABOVE.
I UNDERSTAND THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL I NOTIFY THE RSNA R&E FOUNDATION IN WRITING OF ANY CHANGES.

SIGNATURE OF AUTHORIZATION: _____

Why do you support the R&E Foundation? Tell us your message:

