



Donation Form

Please complete the form and return to:
Congenital Heart Surgeons' Society
500 Cummings Center, Suite 4400, Beverly, MA 01915, USA

Name: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Amount of Donation (Tax Deductible)

- \$ 5
- \$ 10
- \$ 25
- \$ 50
- \$ 100
- Other: _____
- Check (Please enclose and make payable to **Congenital Heart Surgeons' Society**)
- Credit Card:

- \$ 250
- \$ 500
- \$ 1000
- \$ 5000

Type of Card: MASTERCARD VISA AMEX

Card number: _____

Expiration date: _____ Security Code: _____

Billing address, if different from above: _____

Signature: _____

You can Fax this form to 978-524-0461 for making credit card donations.
For any questions, please contact Aurelie Alger at 978-927-8330.

Thank you!