



**Donation Form**

Please complete the form and return to:  
Congenital Heart Surgeons' Society  
900 Cummings Center, Suite 221-U, 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 978-524-8890 for making credit card donations.  
For any questions, please contact Executive Director, Donna Gurnett at 978-927-8330.

**Thank you!**