



## ANNUAL ALLIANCE PLEDGE

### Count me in as an Annual Alliance Donor!

In consideration of gifts and pledges to the SAEM Foundation, I/we

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would like to pledge an unrestricted gift to the SAEM Foundation, a 501(c)3 tax-exempt organization:

- Enduring**                      **\$10,000**, payable over **two** years:
  - \$5,000 annually       \$1,250 quarterly       \$417 monthly
  - Other (specify below)
  
- Sustaining**                      **\$5,000**, payable over **three** years:
  - \$1,667 annually       \$417 quarterly       \$139 monthly
  - Other (specify below)
  
- Advocate**                      **\$3,000**, payable over **three** years:
  - \$1,000 annually       \$250 quarterly       \$83 monthly
  - Other (specify below)
  
- Mentor**                      **\$1,000** (payable as one-time gift, or consider 12 monthly donations of \$83)
  
- Young Professional**              **\$250** (payable as one-time gift, or consider 12 monthly donations of \$20)
  
- Resident**                      **\$100** (payable as one-time gift, or consider 12 monthly donations of \$8)
  
- Medical Student**              **\$25** (payable as one-time gift, or consider 12 monthly donations of \$2)
  
- Other:**                      I pledge \$\_\_\_\_\_. Please contact me to discuss options.

**We strive to honor our Annual Alliance donors in special ways throughout the year. Take a look on [Annual Alliance Recognition](#).**

### Payment Options

- Automatic:** I would like to have my payments withdrawn automatically from my credit card listed below. *SAEM Foundation uses a third-party payment processor called Network for Good. By selecting this option, an account will be set up for you with Network for Good.*
  
- Manual:** I would like request reminder notices or invoices.

Please schedule my payments to begin on \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ (date)

**My gift is enclosed in the form of a check or stock transfer.**

If this gift is to be a transfer of stock, please contact Julie Wolfe at (847) 257-7230 or [jwolfe@saem.org](mailto:jwolfe@saem.org) to execute your gift.

**Name(s) as you wish listed for recognition purposes:**

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone (daytime) Email

This is an anonymous gift.  
 This gift is in honor/memory of: \_\_\_\_\_

**Check/Endorsement Payment**

The SAEM Foundation will provide information about other giving vehicles upon request. Please make checks payable or endorse securities to The SAEM Foundation, and send your contribution to:

Melissa McMillian  
SAEM Foundation  
1111 East Touhy Ave, Suite 540  
Des Plaines, IL 60018

**Credit/Debit Card Payment**

\_\_\_\_\_  
Name (as it appears on the card)

\_\_\_\_\_  
Card # Exp. Date Security Code

\_\_\_\_\_  
Signature

***Contributions are tax-deductible as provided by law.***

**Return this form to [jwolfe@saem.org](mailto:jwolfe@saem.org)**

For further information contact Julie Wolfe at [jwolfe@saem.org](mailto:jwolfe@saem.org) or (847) 257-7230