



Yes, I would like to support research and improve care by contributing to CAEP's **EM Advancement Fund** with a:

- SINGLE** donation of \$_____.
- MONTHLY** donation of \$_____ starting on _____ for a total pledge of \$_____ per year. Optional: continue this donation for _____ year(s).
- ANNUAL** donation of \$_____ starting on _____ for _____ year(s).

DONOR INFORMATION

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

METHOD OF PAYMENT

- CHEQUE
- CREDIT CARD () Visa () MasterCard () American Express

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| Expiry date ____|____|____|____|

Cardholder name: _____

Cardholder signature: _____

DONOR APPRECIATION

Name as you would like it to appear in our donor appreciation program: _____ I wish to remain anonymous

I WOULD LIKE MY DONATION DIRECTED TOWARDS (please pick one):

- Annual Campaign: to be used for funding research grants in 2017
- Endowment Fund: where the interest generated will fund future research projects

Please send me **LASTING LEGACY PROGRAM** information about how I can support the long term future of Emergency Medicine research through my estate planning.