



**ORTHOPAEDIC
— TRAUMA —
ASSOCIATION**

OTA Research & Education Donor Form

Thank you for your decision to support OTA Research & Education. Your contribution is greatly appreciated. Your tax deductible donation will allow us to continue to fund the research & education that is vital to the OTA mission.

Contribution levels:

- \$ _____ **Sponsors Award \$5,000 - \$24,999**
- \$ _____ **Members Award \$1,000 - \$4,999**
- \$ _____ **Friends Award \$250- \$999**
- \$ _____ **Associate Award up to \$249**

I will pay my total donation of \$ _____

- In full this year
- As a multi-year pledge to be paid in: _____ 2 years _____ 3 years

My gift is a memorial gift, in memory of: _____

My gift is a commemorative gift, in honor of: _____

Legacy giving...express your lifelong passion for Orthopaedic Trauma Research & Education. Leave a lasting gift.

I want to provide a legacy for future generations of orthopaedic traumatologists. I have named the Orthopaedic Trauma Association as a beneficiary of cash or stock in my will, retirement plan, financial account, or life insurance policy. Planned gifts make valuable contributions to OTA and provide possible reductions in income, gift, and estate taxes. Consult your professional financial and legal advisors before making a charitable gift. The OTA should be named as: *The Orthopaedic Trauma Association, a nonprofit corporation, with the principal business address of 9400 W, Higgins Road, Suite 305, Rosemont, Illinois 60018, tax ID#68-0074461*

Name: _____

Address: _____
City State Zip Code

Phone Number: _____ E-mail address: _____

- Check Enclosed (**Checks may be made payable to: Orthopaedic Trauma Association**)
- MasterCard Visa AMEX Cash

Cardholder Name: _____

Card Number: _____ Expiration: _____

Signature: _____

**OTA: 9400 W. River Road, Suite 305 Rosemont, IL 60018
Phone: 847-698-1631 Fax: 847-430-5140**