

# Donation Form

Thank you for your donation. You are a vital part of the mission to improve critical care worldwide.

## CHOOSE FROM FOUR EASY WAYS TO DONATE

- 1 Visit us online at [sccm.org/donate](http://sccm.org/donate)
- 2 Call SCCM Customer Service at: +1 847 827-6888
- 3 Fax the completed donation form to: +1 847 439-7226
- 4 Mail the completed donation form with donation to: SCCM, 35083 Eagle Way, Chicago, IL 60678-1350 USA

## DONOR INFORMATION (PLEASE PRINT)

Prefix	First Name	Last Name (Surname)
Address 1		
Address 2		
City		
State/Province	Country	
Zip/Postal Code		
Customer ID		
Phone Number	Email	

By providing your email address and/or phone number, you are consenting to receive updates from SCCM on donor and critical care news via email. You may unsubscribe at any time. *If you wish to be excluded, check here*

## I WOULD LIKE MY CONTRIBUTION APPLIED TO:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Unrestricted           | <input type="checkbox"/> Quality Improvement          | <input type="checkbox"/> Recognizing Exemplary Leadership |
| <input type="checkbox"/> Resource-Limited Areas | <input type="checkbox"/> Disaster Relief              | <input type="checkbox"/> Specialty Section:               |
| <input type="checkbox"/> Research               | <input type="checkbox"/> Sepsis Research and Training | (Please specify _____)                                    |

## DONATION:

Enclosed is my gift:  \$250  \$100  \$50  \$25 Other Amount \$ \_\_\_\_\_

**Check** made payable to Society of Critical Care Medicine (U.S. funds drawn on U.S. bank) or international money order

**Credit Card:**  American Express  Discover  MasterCard  Visa

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_