



## The Utian Fund Donation Form

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\_\_\_ I have enclosed a gift to The Utian Fund of \$\_\_\_\_\_.

\_\_\_ I would like to pledge a one-time gift to The Utian Fund of \$\_\_\_\_\_ for (date)\_\_\_\_\_.

\_\_\_ I would like to make a gift to The Utian Fund of \$\_\_\_\_\_ over \_\_\_ years.

\_\_\_ Please bill the credit card below, in equal installments, on \_\_\_\_\_ (date)  
of each year, beginning in \_\_\_\_\_.

\_\_\_ Please forward an invoice on \_\_\_\_\_ (date) of each year, beginning in \_\_\_\_\_.

\_\_\_ I would like my gift/pledge to be unrestricted.

\_\_\_ Please designate my gift/pledge for the Utian Translational Conferences.

### Method of Payment:

\_\_\_ Check enclosed. Please make your check payable to The North American Menopause Society (or NAMS) in U.S. funds drawn on a U.S. bank. (Any bank fees NAMS incurs regarding payment will be billed.)

\_\_\_ By credit/debit card.

\_\_\_ American Express

\_\_\_ VISA

\_\_\_ MasterCard

\_\_\_ Discover

Credit Card #: \_\_\_\_\_

CVS/CWZ (security code on card): \_\_\_\_\_

Name on Card: \_\_\_\_\_

Cardholder's Street Address: \_\_\_\_\_  
\_\_\_\_\_

Cardholder's City, State/Province: \_\_\_\_\_

Cardholder's Country, Zip/Postal Code: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### Print This Donation Form—Forward Completed Form and Payment to:

The North American Menopause Society Foundation

5900 Landerbrook Drive, Suite 390

Mayfield Heights, OH 44124, USA

or

Fax: 440/442-2660

**Questions?** Contact Harriet (440/442-7537 or [harriet@menopause.org](mailto:harriet@menopause.org))

Thank you on behalf of Dr. Utian and the millions of women counting on NAMS to improve their health and quality of life through menopause and beyond.

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