



# DONATIONS

Please use this form to make your tax deductible donation to support the work of the Osteopathic Cranial Academy Foundation for educational scholarships and research. Or call the Office at (818) 796-6750.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

### AMOUNT OF DONATION

\$2500    \$1000    \$500    \$250    \$100    \$50    Other \_\_\_\_\_

OR    My Pledge Amount is \$ \_\_\_\_\_ Payable over \_\_\_\_\_ Months

### PURPOSE OF DONATION

- Unrestricted: I want the funds used for any current need
- Restricted - Research: I want the funds to support research into Cranial Osteopathy
- Restricted - Scholarship: I want the funds to support annual scholarships to early career physicians who want to gain skills in Cranial Osteopathy

### Special Donations:

- Restricted-Special Program: \_\_\_\_\_ Donated funds will only be used for a specified purpose in keeping with our educational and research support mission
- Endowment or Bequest Donation: I want to set up or contribute to an investment fund to support:
  - Student Scholarships                       Research                       Other(Please contact the Office to discuss a named or anonymous endowment or a special purpose donation.)
- Dedicated Donation: I want my donation to be made in Honor or Memorial of \_\_\_\_\_

### ENTER CREDIT CARD INFORMATION OR CALL 818-796-6750

Name On Credit Card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

To pay with a check, please make check payable to "Cranial Academy Foundation, Inc."

**Submit this form by mail to: Cranial Academy Foundation, Inc., P.O. Box 6649, Woodland Hills, CA 91365**

**To donate by phone or questions, contact Gretchen Weinzimer, Executive Administrator, (818) 796-6750**