



FOUNDATION CONTRIBUTION FORM

Name: _____

Address: _____

City, State Zip: _____

Phone: _____

E-Mail: _____

**I am pleased to support the Connecticut Orthopedic Foundation
with a gift of (check one of the following)**

\$500.00 \$250.00 \$125.00 \$_____ other

Make checks payable to **Connecticut Orthopedic Foundation** Payment should accompany this application and be mailed to:

Susan Schaffman, Executive Director,
CT Orthopedic Society
26 Riggs Avenue, West Hartford, CT 06107.

PAYING BY CREDIT CARD

For your convenience, we accept Mastercard and VISA. Please complete credit card information if you prefer this method of payment.

Please charge my credit card in the amount of \$_____ for my contribution to the Connecticut Orthopaedic Foundation

Mastercard or Visa (circle one)

Name on Account _____

Account Number _____

Expiration Date _____

Signature _____

For additional information and questions, please call Susan Schaffman at (860) 561-5205, fax (860)561-5514 or email sasshops@aol.com. Thank you.