



## Alliance Annual Gift

The Alliance is a group of volunteers whose goal is to promote the Foundation’s mission with a focus on fundraising events and activities that benefit the OMS Foundation. Through the generosity of its supporters, the Alliance has been able to raise over \$190,000 on behalf of the OMS Foundation, used for operations, research grants and resident spouse scholarships. The Alliance also sponsors a variety of networking opportunities for spouses, allied staff, and friends of oral and maxillofacial surgeons during the AAOMS Annual Meeting.

### Members and Patrons:

Annual Members and Patrons of the Alliance receive Alliance newsletters, updates, and event invitations. All Alliance Members and Patrons are also recognized at the AAOMS Annual Meeting with ribbons designating their Alliance giving level.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Alliance Donation Options:

Patron:  \$200  
Member:  \$125  
General Contribution:  \$ \_\_\_\_\_  
Tribute Contribution:  \$ \_\_\_\_\_

Total Contribution: \$ \_\_\_\_\_

### Tribute Gifts

I’d like to make my gift: In Memory of: \_\_\_\_\_ In Honor of: \_\_\_\_\_  
Please notify the family (name): \_\_\_\_\_  
Address of Family: \_\_\_\_\_

### Payment Options:

Check enclosed made payable to: **OMS Foundation**, please reference **Alliance** in the memo section.

MasterCard       Visa       American Express       Discover

Name on card: \_\_\_\_\_  
Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Billing Address (if different than above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Signature: \_\_\_\_\_

Mail: OMS Foundation, 9700 W. Bryn Mawr Avenue, Rosemont, IL 60018  
Website: [www.omsfoundation.org/Alliance/info](http://www.omsfoundation.org/Alliance/info)  
Telephone: 847-233-4363 Fax: 847-678-6254  
Email: [pgillespie@omsfoundation.org](mailto:pgillespie@omsfoundation.org)