



The Robert V. Walker Society COMMITMENT FORM

The Oral and Maxillofacial Surgery Foundation planned giving program was established to serve both the needs of members and provide for the future funding of research and education. To celebrate and honor your significant generosity, this recognition society honors your intentions. The *Robert V. Walker Society* is named after a luminary in our field who has trained hundreds of OMS specialists.

Membership in the *Walker Society* is granted to donors who provide signed commitment forms indicating their intention to make a planned gift of \$25,000 or more to the OMSF. *To retain membership in the Walker Society, you must provide documentation of your gift to the OMSF within one year of signing the commitment form.* To confirm your commitment to invest with others toward a legacy of leadership for the specialty, please complete the form below and return it via mail or fax.

We appreciate your commitment to your specialty. Please know that you have created a lasting legacy and tribute to your specialty. It is our honor to recognize you as a new member of the *Robert V. Walker Society*. You are making a difference now and far into the future, and we thank you.

I, _____, on this day _____ (date) make a
\$ _____ commitment to my specialty and hereby enroll in the Robert V. Walker Society.

Signature: _____

Please list this commitment in publications/recognition as follows (i.e. Dr. and Mrs. John Smith):

Name: _____

You will be recognized in the donor level that corresponds with the gift amount you have committed to:

Bronze (\$25,000 - \$74,999)

Silver (\$75,000 - \$249,999)

Gold (\$250,000 - \$999,999)

Platinum (\$1 million and more)

_____ I wish to remain anonymous.



I prefer to be contacted regarding my gift at the following telephone and address:

Telephone: (_____) _____

Address: _____ City: _____ ST: _____ Zip: _____

ORAL AND MAXILLOFACIAL SURGERY FOUNDATION

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