



# Annual Fund

The Oral and Maxillofacial Surgery Foundation strategically invests in opportunities at the forefront of research, patient care, and education. Through the generosity of its supporters, the OMS Foundation has awarded more than \$12 million in research awards, fellowships and specialty-focused projects. Any gift made to the Annual Fund Campaign will be used to support all OMS Foundation activities.

Donors are recognized for their cumulative giving during the calendar year. Donor levels are listed below:

<b>Benefactor</b>	<b>\$10,000</b>	<b>--</b>	<b>\$24,999</b>
<b>Leader</b>	<b>\$5,000</b>	<b>--</b>	<b>\$9,999</b>
<b>Fellow</b>	<b>\$2,500</b>	<b>--</b>	<b>\$4,999</b>
<b>Partner</b>	<b>\$1,000</b>	<b>--</b>	<b>\$2,499</b>
<b>Associate</b>	<b>\$200</b>	<b>--</b>	<b>\$999</b>
<b>Member</b>	<b>\$165</b>	<b>--</b>	<b>\$199</b>
<b>Residents (Residents only)</b>	<b>\$50</b>		

### Payment Options

Enclosed is my check for \$ \_\_\_\_\_

*Please make check payable to the **OMS Foundation**.*

One Time Gift via credit card \$ \_\_\_\_\_

Recurring Monthly Gift Amount \$ \_\_\_\_\_

*Your credit card will be charged on the 15th of every month until you indicate a stop date.*

Please charge my credit card:  MasterCard  Visa  Discover  American Express

Name: \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

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

### Tribute Gifts

I'd like to make my gift: In Memory of \_\_\_\_\_ In Honor of \_\_\_\_\_

Please notify the family (name): \_\_\_\_\_

Address of family: \_\_\_\_\_

Mail: 9700 W. Bryn Mawr Avenue, Rosemont, IL 60018

Website: [www.omsfoundation.org](http://www.omsfoundation.org)

Telephone: 847-233-4304 Fax: 847.678.6254

Email: [info@omsfoundation.org](mailto:info@omsfoundation.org)