

Kenneth Warren Foundation 2008 Pledge Form



I pledge \$ _____ in support of the IHPBA Kenneth Warren Foundation

Pledge Information

My pledge is a (check one): 3-year 5-year one-time commitment

Date to begin payments: (enter month/year): _____

Donor Information

Print Name: _____

Address: _____

City: _____ Zip Code: _____

Country: _____

Email: _____

Signature: _____ Date: _____

Gift Acknowledgement

I would like this pledge to be acknowledged as a gift from or in honor of:

Name (if different than name above): _____

Payment

Enclosed is my initial gift of \$ _____

By Check (please make checks payable to the IHPBA - Medconnect)

Check # _____

By Credit Card (check type of card) Visa MasterCard

Name on card _____

Card number □□□□ □□□□ □□□□ □□□□

Expiration Date _____

I authorize the IHPBA Kenneth Warren Foundation to debit the credit card above in accordance with the pledge amount and payment schedule listed on this form. This authorization is to remain in full effect until the full amount of the pledge has been paid or the IHPBA Kenneth Warren Foundation has received written notification of its termination in such time and fashion as to afford IHPBA Kenneth Warren Foundation a reasonable opportunity to act on it.

International Hepato-Pancreato-Biliary Association (IHPBA) is a 501(C) (3) not-for profit organization.

All contributions to the Foundation are fully tax deductible according to law.

The Foundation accepts gifts of cash, appreciated securities, and gifts by bequest.

For more information about how you can support the IHPBA Kenneth Warren Foundation, or for information on planned giving opportunities, please contact:

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PLEASE MAIL OR FAX THIS FORM TO: IHPBA,
c/o MedConnect, Strategic Association Management, Bruennsteinstr. 10, 81541 Munich
Thank you for your generous support of the IHPBA Kenneth Warren Foundation!
Your contribution is tax deductible; our tax I.D. # is 39-2036877