



# International Museum of Surgical Science

A Division of the International College of Surgeons

Print, complete and mail to:  
Int'l Museum of Surgical Science  
Annual Fund  
1524 N. Lake Shore Drive  
Chicago, IL 60610

Call IMSS Member Services  
at 312-642-6502 if you have  
any questions or would prefer  
to make a payment over the  
phone.

*Note: This gift does not apply to  
your IMSS membership dues.*

## DONATION INFORMATION

I would like to make a donation to the International Museum of Surgical Science Annual Fund to support public programming, education and new exhibitions, in the amount of:

- \$30
- \$50
- \$100
- \$250
- \$500
- Other \$ \_\_\_\_\_

## PERSONAL INFORMATION

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

## TRIBUTE INFORMATION

I would like to make my donation in honor of/in memory of (circle one statement)  
\_\_\_\_\_. Please notify

\_\_\_\_\_ at the address provided below of my donation.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

## PAYMENT INFORMATION

Enclosed is my check payable to: International Museum of Surgical Science

Check #: \_\_\_\_\_

Credit Card:  AMEX  MC  VISA  DISCOVER

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Signature