



Henry Bohlman Educational Endowment Fund - Donation Form

Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Office Phone _____ Email _____

Donation Amount Total \$ _____

Recognition Information

I wish to be recognized as (e.g., Dr. or Dr. & Mrs., etc.) _____

I wish for my donation to remain anonymous ____

Payment Information

Credit Card:

Please charge my credit card in the amount of \$ _____ in (partial / full) payment.

I pledge to pay the balance by donating \$ ____ per year for ____ years to be paid before December 31st of each year.

Card type: VISA ____ MasterCard ____ American Express ____ Discover ____

Card Number _____ Exp. Date _____

Name on Card _____

Check:

Enclosed is my check in the amount of \$ _____ in (partial / full) payment of my pledge.

I pledge to pay the balance by donating \$ ____ per year for ____ years to be paid before December 31st of each year.

Please return this form with your donation to CSRS by email to dlemke@csrs.org or mail completed form and check to Cervical Spine Research Society, 555 E. Wells St., Ste. 1100, Milwaukee, WI 53202.