

AST INSTITUTIONAL SUPPORT FORM



YES! We want to support the AST mission by providing a \$3,000.00 contribution.
(Please type or print clearly.)

Institution Name: _____

Please print EXACTLY as should appear on external supporter promotion

Contact Person & Title (internal AST use): _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Phone: _____

Fax: _____

Contact E-mail: _____

Institutions that provide contributions to AST will receive the following benefits in 2014:

- Quarterly acknowledgement in the *American Journal of Transplantation* on the support recognition page
- Recognition on the AST website with a link to your center's website
- One time use of the AST membership mailing list (mailing piece must be approved)
- Opportunity to display literature at the AST 2014 Fellows Symposium
- One time job listing on the AST Career Center
- Recognition via signage at the AST booth at the 2014 World Transplant Congress
- Certificate of Recognition

PLEASE CHECK METHOD OF PAYMENT BELOW:

Check enclosed (payable to American Society of Transplantation) in the amount of \$3,000.00

Payment by Credit Card in the amount of \$3,000.00 (Visa, MasterCard or AMEX).

Please fill out credit card information below.

Payment Information	
Credit card type	
Cardholder's name	
Credit card number	
Expiration date	
Total to be charged (from section above)	
_____ Signature	_____ Date

All contributions are tax deductible. AST's federal ID number is ID# is 42-118-2936

Please return this form to:

AST

Attn : Libby McDannell

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