

**MID-AMERICA ORTHOPAEDIC ASSOCIATION  
EDUCATION AND RESEARCH FUND**

**PURPOSE:** To provide funds to support Guest Speakers, Multipurpose Resident Grants, Traveling Fellowships, Physician in Training Awards, and Education Grants

I pledge \$ \_\_\_\_\_ to support the Mid-America Orthopaedic Association Education and Research Fund.

I will contribute                      \$ \_\_\_\_\_ one-time only  
  \$ \_\_\_\_\_ annually for \_\_\_\_\_ years  
  \$ \_\_\_\_\_ quarterly for \_\_\_\_\_ years  
  \$ \_\_\_\_\_ monthly for \_\_\_\_\_ years

**All donations are tax deductible.**

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PRINT FIRST NAME	MIDDLE INITIAL	LAST NAME
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SIGNATURE	DATE
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Examples:

\$4,000	12 quarterly payments = \$333.34 per quarter
\$3,000	36 monthly payments = \$ 83.34 per month
\$3,000	12 quarterly payments = \$250.00 per quarter
\$2,000	36 monthly payments = \$ 55.56 per month
\$2,000	12 quarterly payments = \$166.67 per quarter

**PLEASE MAKE YOUR CHECK PAYABLE TO: MID-AMERICA ORTHOPAEDIC ASSOCIATION EDUCATION AND RESEARCH FUND**

I have made a bequest in my will or trust. The following language would be appropriate to satisfy the requirements of most states: "I give, devise, and bequeath to the Education and Research Fund of the Mid-America Orthopaedic Association (designate the dollar amount or other specified gift, i.e., 1,000 shares of company X, or my interest in \_\_\_\_\_, etc.)"

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 I desire a call from OREF to discuss additional donation opportunities through OREF. Name: \_\_\_\_\_

Mail form to:                      Mid-America Orthopaedic Association  
  Kahler Mezzanine Level  
  20 Second Avenue, S.W.  
  Rochester, MN 55902-3013

Telephone: 507-281-3431  
E-mail: [midamerica@maoa.org](mailto:midamerica@maoa.org)