

Noah Endowment Fund Donation Form

The purpose of the Endowment is to ensure the financial future of Noah and to support the Society in providing its members with scientific programs of the highest caliber.

Our goal is to raise \$2,000,000 for the fund. Once this has been accomplished additional income will be used to endow lectureships for the Annual Meeting, fund the mentoring of Dermatology residents, and to support clinical dermatology research.

Name: _____

Address: _____

Street

City

State

Zip

Donation Type:

Check

Stock Transfer

Bequest

Life Insurance

Please attach documentation for stock, bequests, and life insurance

Donation Amount: \$ _____

Total donation

Pledge payoff year

Recognition: _____

Name as you wish it to appear on signage, website, etc.

I wish to donate anonymously

Please make checks payable to:

Noah Endowment Fund

Mail checks to:

8365 Keystone Xing, Ste 107
Indianapolis, IN 46240

Questions?

Please contact Noah Executive Director
Nicole Brandt
nbrandt@hollandparlette.com
317-257-5907

Donations are tax-deductible as allowed by law. Tax ID: 35-2285490