

## 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:

3502 Woodview Trace, Ste 300  
Indianapolis, IN 46268

### Questions?

Please contact Noah Executive Director  
Nicole Brandt  
nbrandt@noahderm.org  
317-257-5907

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