

Legacy Circle Donation

The American Society for Laser Medicine and Surgery (ASLMS) promotes excellence in patient care by advancing biomedical application of lasers and other related technologies worldwide. A primary goal of the Society is to promote the highest ethical and professional standards in the practice of laser medicine and surgery. The ASLMS is honored to recognize your generosity. Please note that the nature and the amount of your gift will remain confidential unless you tell us otherwise on the form below.

CONTACT INFORMATION

Name(s) _____
Street Address _____ City _____
State/Province _____ Zip/Postal Code _____ Country _____
Phone Business Personal _____
Email Business Personal _____ I give ASLMS permission to contact me by email
 I/We agree to be recognized as: _____
 I/We prefer to remain anonymous.

YOUR LEGACY

The nature of my/our proposed legacy gift is as follows:

- A bequest in the amount of \$ _____ or _____ % of my/our estate through my/our:
 - Will Trust Other estate plan document _____
- I/We would like to name the American Society for Laser Medicine and Surgery as a:
 - Beneficiary of my IRA or retirement plan. Approximate value: \$ _____
 - Beneficiary of life insurance policy in the amount of \$ _____
- A Cash Gift in the amount of \$ _____
- Other (please explain): _____

Signature _____ Date _____

The federal tax identification number of the ASLMS is 39-1397899.

Please direct questions to:

Michelle Morrison, Executive Director
Email: Mmorrison@aslms.org
Phone: 715-845-9283

Please return this form to:

Paula Deffner, Accounting Specialist
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