



Donation Form

Support the Society for Investigative Dermatology with a tax-deductible charitable contribution.

Your gift will help the SID's mission to advance and promote the sciences relevant to skin health and disease through education, advocacy, and scholarly exchange of scientific information.

Methods for Gifting

Check

Please make your check payable to The Society for Investigative Dermatology. Checks may be mailed to the SID Administrative Office at 526 Superior Avenue East, Suite 340, Cleveland, OH 44114.

Credit Card

For your convenience, the SID accepts Visa, Master Card and American Express. To make a gift by credit card, please mail or fax your donation form to the SID Office at 216.579.9333.

Securities

A gift of appreciated securities provides distinct advantages over cash. Securities may also be used to establish a trust, which may provide additional advantages by further minimizing income and estate taxes.

For details on making a gift or transferring stock, please contact Rebecca Minnillo at the SID office at 216.579.9300 x305 or minnillo@sidnet.org.

I would like to make a gift(s) to a specific **NAMED LECTURE FUND(S) in the following amount(s).**

___ Herman Beerman Lecture @ \$ _____

___ Naomi Kanof Lecture @ \$ _____

___ William Montagna Lecture @ \$ _____

___ Julius Stone Lecture @ \$ _____

___ Irwin H. Blank Form @ \$ _____

I would like to make a general gift and allow SID to apply it to the fund most in-need.

___ \$50.00 ___ \$100.00 ___ \$250.00 ___ \$500.00 ___ \$1,000.00 ___ Other \$ _____

My gift is in honor of:

My gift is in memory of:

My gift is for: ___ 1 Year ___ 3 Years* ___ 5 Years* (*Invoiced in future years if selected).

___ I wish for my gift to remain anonymous.

TRAVEL FELLOWSHIP FUND

In-full: _____ (Qty.) @ \$1,500

In-part: \$ _____

I wish for my gift to remain anonymous. _____

****Your gift is 100% tax deductible for which you will receive a gift acknowledgment letter.***

Method of payment:

Credit Card (American Express, MasterCard, Visa) or **Check** (please fill out information below, including mail/email address for acknowledgement letter. *Note: 100% of this contribution is tax deductible*).

Name (First, Last, Degree)

Address 1 _____

Address 2 _____

City, State, Country, Postal Code

Credit Card # _____ Expiration _____

CVV/CVC# _____

E-mail Address

Name (as it appears exactly on card)

Billing Address for Card (If different from above)

Thank you for your support!