



# PANAMERICAN TRAUMA SOCIETY DONATION FORM

The PTS is able to continue its mission because of your support and generosity. Contributing to the programs below will help ensure that our work continues. Online donations are quick and easy using our secure credit card transactions. We welcome donations and pledges of all sizes, whether a one-time gift, a monthly contribution, or part of a matching gifts program. We thank you for your support!

The Panamerican Trauma Society (PTS) is a non-profit 501(c)(3) organization, so your donation will be tax-deductible to the extent permitted by law.

## CONTRIBUTE TOWARDS:

- **International Travel Scholarship Program:** Thanks to your generous donations, the PTS could invest in awards, travel scholarships, and projects that fund trauma scholars committed to preventing injury and advancing trauma research. Please help us support those endeavors by making a tax-deductible donation today.
- **General PTS fund for services and programs:** Your tax-deductible offering will be used to support all PTS programs and services.

## DONOR INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## CONTRIBUTION

I would like my gift to support (please check one):

- General Development Fund  Injury Control and Violence Prevention  
 Education and Leadership  Research

I wish to give this gift In Memory/Honor of: \_\_\_\_\_

Instructions or comments regarding contribution or pledge: \_\_\_\_\_

Total Amount of Contribution: \$ \_\_\_\_\_ (USD)

Frequency (check one):  One-Time Donation  Monthly  Quarterly  Semi-Annually  Annually

The initial transaction will occur the day PTS receives this form. If recurring, the donations will recur until (check one):

- No End Date  \_\_\_\_\_(Month/Day/Year)

## PAYMENT & BILLING

- Online** – Please visit <https://www.panamtrauma.org/donate-now>.  
 **Check** – Please make payable to PTS and return by mail to PTS at the address listed below  
 **Credit Card** – Please complete donation form and return by mail, fax, or email to PTS

Card Type:  American Express  MasterCard  Visa

Card number: \_\_\_\_\_ Exp: Sec. \_\_\_\_\_ Code: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

- I authorize the Panamerican Trauma Society (PTS) to bill the credit card listed above as a donation to the PTS Development Fund, according to the specifications indicated on this form. I understand that I can change or cancel my donation at any time.

**Thank you for supporting the EAST Development Fund!**

Please return form to: Panamerican Trauma Society, VCU Medical Center, 1200 East Broad Street, 15th Floor, East Wing | P.O. Box 980454  
|Richmond, VA 23298-0454 |Phone: (804) 827-0242