

Endowment Pledge Form

"The **Radiation Oncology Institute (ROI)** has been established to develop innovative ways of enhancing the profile of radiation oncology in the world cancer community and to help prepare the specialty for the future. What will radiation oncology look like in five, 10 or 15 years? And how can we prepare for the future by demonstrating the value of the profession and the value of its treatment? These are just a few critical questions the Institute will explore and address through research, public health education and information dissemination."

— **Theodore Lawrence, MD, PhD, FASTRO, President, ROI Board of Trustees**



YES! I wish to make an investment in the Radiation Oncology Institute (ROI) to guarantee return on my professional investment.

DONOR INFORMATION

NAME (TO APPEAR IN DONOR RECOGNITION MATERIALS)

REPRESENTATIVE

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

FAX

EMAIL

You can use my name as a donor. I prefer to keep my commitment anonymous.

METHOD OF CONTRIBUTION

Enclosed is check # _____ in U.S. funds and made payable to the Radiation Oncology Institute.

Charge to the following: American Express Diners Club Discover
 Mastercard Visa

CREDIT CARD NUMBER

CARD SECURITY CODE (CSC)

EXPIRATION DATE

CARDHOLDER'S NAME (AS IT APPEARS ON CARD)

SIGNATURE

BILLING ADDRESS – STREET

CITY

STATE

COUNTRY

ZIP CODE

GIFT AMOUNT

Total amount of gift: \$ _____

Initial payment: \$ _____

Balance: \$ _____

With ASTRO's matching grant,

my gift value is \$ _____

PAYABLE

One time payment

Or over:

1 year 2 years 3 years

4 years 5 years

Pledge commitment date:

_____/_____/_____

PAYMENT SCHEDULE

(please check one):

Quarterly

Semi-Annually

Annually

Other: _____

A letter and official receipt to acknowledge your investment will be mailed for your records and tax purposes. Your investment is tax deductible to the extent allowed by law.

Tax ID number: 51-0178702

For more information email us at ROI@astro.org.

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