



## Donation Form

Please review the contact information below, make any necessary corrections, and complete the payment information on the back side of this form.

**DONATE ONLINE:** [www.arrs.org/RoentgenFund](http://www.arrs.org/RoentgenFund)

MEMBER ID:  
FULL NAME:  
COMPANY:  
TITLE OR DEPARTMENT:  
ADDRESS:  
CITY:  
STATE/PROVINCE:  
ZIP/POSTAL CODE:  
COUNTRY:  
EMAIL:  
WORK PHONE:  
HOME PHONE:  
FAX:  
DATE OF BIRTH (MONTH/DATE/YEAR):

Name as you wish it to appear for recognition purposes:

I / We wish to remain anonymous.

### **CONTRIBUTION INFORMATION** *(Your gift is tax deductible.)*

Please indicate the amount you would like to contribute.

\$200  \$500  \$1,500  \$2,500  \$5,000  \$7,500  \$10,000

Other (Please specify)

This gift is:  In Memory of  In Honor of

If you would like The Roentgen Fund® to notify another individual of your gift please email [rfund@arrs.org](mailto:rfund@arrs.org).

Continue on reverse side.

