



**ASSOCIATION OF PROFESSORS OF DERMATOLOGY  
LOWELL GOLDSMITH, MD ENDOWMENT  
DONATION FORM**

TODAY'S DATE \_\_\_\_\_

**DONOR INFORMATION**

NAME \_\_\_\_\_ CREDENTIALS \_\_\_\_\_

INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL (REQ) \_\_\_\_\_

**ACKNOWLEDGEMENT**

PLEASE USE THE FOLLOWING NAME(S) IN ALL ACKNOWLEDGEMENTS:

\_\_\_\_\_

I /WE WISH TO HAVE MY/OUR GIFT REMAIN ANONYMOUS.

**IMMEDIATE DONATION/DONOR-ADVISORY FUND INFORMATION – DONATIONS ARE TAX DEDUCTIBLE, APD TAX ID: 95-3051907**

I/WE WISH TO MAKE AN **IMMEDIATE** DONATION OF:

\$10,000     \$ 5,000     \$1,000     \$500     Other \$ \_\_\_\_\_

I/WE WISH TO MAKE A CHARITABLE DONATION BY WAY OF **DONOR-ADVISORY FUND** IN THE AMOUNT OF \$ \_\_\_\_\_

**PAYMENT BY CHECK** - MAKE PAYABLE TO "ASSOCIATION OF PROFESSORS OF DERMATOLOGY" ("LOWELL GOLDSMITH" ON MEMO LINE).

**ONLINE DONATIONS** CAN BE MADE AT [Lowell Goldsmith On-Line Donation](#)

**SUBMIT THIS COMPLETED FORM WITH PAYMENT TO**  
ASSOCIATION OF PROFESSORS OF DERMATOLOGY  
6134 POPLAR BLUFF CIRCLE, SUITE 101, NORCROSS, GEORGIA 30092  
TEL – 785.230.9217 | [DENISE@THEASSOCIATIONCOMPANY.COM](mailto:DENISE@THEASSOCIATIONCOMPANY.COM)