



# NATIONAL ACADEMY OF SCIENCES

## MAIL IN DONATION FORM

### Gift Information

**Designation** - please select one option. If you select more than one, your gift will be split equally unless specified below.

- |   |   |
|---|---|
| <input type="checkbox"/> NAS Annual Fund - Unrestricted | <input type="checkbox"/> Kavli Frontiers of Science         |
| <input type="checkbox"/> Committee on Human Rights      | <input type="checkbox"/> Koshland Science Museum            |
| <input type="checkbox"/> Cultural Programs of the NAS   | <input type="checkbox"/> Science and Entertainment Exchange |
| <input type="checkbox"/> Distinctive Voices             | <input type="checkbox"/> Other: _____                       |

Gift Instructions: \_\_\_\_\_

Gift Amount: \$ \_\_\_\_\_

Donor Name(s): \_\_\_\_\_

☐ My gift is in honor of: \_\_\_\_\_

☐ My gift is in memory of: \_\_\_\_\_

☐ Matching Gifts: My gift will be matched by: \_\_\_\_\_

*Please assist us by including the corporation or foundation's matching gift form when mailing in your gift.*

☐ Estate Gifts: I would like to learn more about planned giving opportunities.

☐ I have included a gift to the NAS in my estate plans.

### Billing Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Payment Information

☐ Check made payable to the *National Academy of Sciences* is enclosed.

☐ Charge my credit card: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number: \_\_\_\_\_ Expiration Date: Mo.  / Yr.

Please mail this completed form and your payment to: Office of Development  
P.O. Box 936138  
Atlanta, GA 31193-6135



*Your gift is tax deductible in accordance with IRS regulations.*

*(form updated October 2014)*