



Donation

I wish to make a voluntary tax-deductible contribution to further the mission of the International Society for Vascular Surgery through a contribution of (please check one):

- \$25,000
- \$10,000
- \$5000
- \$2000
- Other: _____

First Name: _____
Last Name: _____
Company Name: _____
 Address _____
 City/State/Zip _____
 Telephone _____
 Email _____

Check One: I would like to be recognized _____
 I would like to remain anonymous _____

Payment Details:

Please make your check payable to: **International Society for Vascular Surgery, Inc.**
 Mail this form along with your check: ISVS Headquarters, 11 Scott Drive, Smithtown, NY 11787

To Donate Using a Credit, please mail to the address noted above or fax your form to 631.724.4058

Please Include The Following:

Name As It Appears on Card _____
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 3 or 4 Digit Security Code: _____
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Thank you for supporting the International Society for Vascular Surgery
ISVS Tax ID Number: 33 – 1071222