



## Donation Pledge Form

Please print and complete this donation form and mail it along with your contribution.

Mail checks, corporate matches, or other gifts to:

**Schellhammer Urological Research Foundation**

**Attn: Kurt McCammon, MD**

**225 Clearfield Ave.**

**Virginia Beach, VA 23462**

### Donor Information

Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Amount of enclosed check: \$ \_\_\_\_\_ (made payable to SURF)

### Acknowledgment Information

My gift is in memory of \_\_\_\_\_

My gift is in honor of \_\_\_\_\_

Please notify the following individual (s) of this gift *(if applicable)*:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I (we) wish to have our donation remain anonymous.

**Thank you for supporting the Schellhammer Urological Research Foundation (SURF).**

*Contributions are tax deductible within the limits of federal and state law.*