Donation Form

American Mathematical Society
Development Office
201 Charles Street
Providence, RI 02904-2294

Donor Information

Name: _____

Address: _____

_____

Phone: _____ Email (optional): _____

□ I wish to be anonymous. (Will not be acknowledged in the *Notices*)

Choose a giving level

☐PRESIDENT'S ASSOCIATES *(Gifts of $5,000 and above)*

☐ASSOCIATES *(Gifts of $1,000 and above)*

☐SPONSORS *(Gifts of $500 and above)*

☐PATRONS *(Gifts of $100 and above)*

☐FRIENDS *(Gifts less than $100. All gifts are appreciated)*

Choose the AMS funds you would like to support

Epsilon Fund *(Young Scholars)*	$_____
Centennial Fellowship	$_____
General Fund	$_____
Total Gift	**$**_____

Is this a commemorative donation?

☐ No ☐ Yes (please supply us the name of the person)

In Memory of _____

In Honor of _____

If you wish for us to notify the person or the family of the person being commemorated, please provide the name and address: _____

_____

_____

Please make your check payable to: "American Mathematical Society"

Mail to: American Mathematical Society
Attn: Development Office
201 Charles Street
Providence, RI 02904-2294

The AMS Federal Tax Identification number is: ***05-0264797***

In order to serve you better, please tell the AMS what prompted your contribution?

☐Dues Notice ☐Year-End Solicitation ☐*Notices* Advertisement ☐Other

Is the **AMS** in your will or testamentary plans? ☐ Yes ☐ No ☐ Would consider, please send information.

If you have additional questions, please contact the Development Office at (401) 455-4000, or email at development@ams.org.