



## Scholarship Contribution Form

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Payment Method:**     American Express     Master Card     Visa     Check

**Amount Authorized:** \_\_\_\_\_

**Card Holder Name:** \_\_\_\_\_

**Billing Zip Code:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_                      **CVS#:** \_\_\_\_\_

Fax this form with credit card information to 212-721-1620 or make check payable to the Eastern Cardiothoracic Surgical Society with Scholarship Program in the memo and mail this form to:

Eastern Cardiothoracic Surgical Society  
Post Office Box 4  
New York, NY 10024

**Thank you for your contribution!**

*The Eastern Cardiothoracic Surgical Society is a 501(c)3 corporation. Please retain this document for your records. It is an important document necessary for any available federal income tax deduction for this contribution.*