



The American Board of Periodontology *Certifying Excellence*

YES, I want to help the ABP meet future challenges by supporting the **Dr. Gerald M. Bowers Endowment Fund for the American Board of Periodontology**. I understand that my pledge may be paid over five years. Please recognize my gift at the following level:

_____ \$25,000 and more—Diamond Level

_____ \$10,000—Amethyst Level

_____ \$5,000—Sapphire Level

_____ \$1,000—Ruby Level

_____ \$999 and less—ABP Supporter

_____ I wish to give the full amount of \$_____ now.

_____ I wish to pay my \$_____ pledge over five years. Please activate my pledge with this gift of \$_____.

_____ My check is enclosed.

_____ Please charge to my account: _____ Visa _____ MasterCard _____ American Express

Card number _____

Expiration date _____

Signature _____

--Or--

_____ I wish to fulfill my obligation to the Bowers Endowment Fund with a planned gift and become a member of the *Visionary Society*. Please contact me.

Please print your name exactly as you wish it to appear on donor recognition lists (include spouse name as appropriate):

_____ Please list me as "Anonymous"

Signature: _____

Thank you for your support. The AAP Foundation is a 501(c)(3) charitable organization and all contributions are tax deductible to the extent of the law.



*Bowers Endowment Fund for the ABP
C/O AAP Foundation
737 N. Michigan Avenue, Suite 800
Chicago, IL 60611
(800) 282-4867
Fax (312) 573-3272*