AUR Research and Education Foundation

Yes, I'd like to make a contribution to the AUR R&E Foundation in the amount of:

$_____

Name: _____

Institution/Dept: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Payment Information:

☐ Check enclosed (US funds, drawn on a US bank) payable to the: **AUR R&E Foundation**

(Please note that if you submit a check as payment, you authorize the AUR to convert the check into an electronic funds transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment.)

☐ Visa ☐ MasterCard

Expiration Date (MM/YY)

Card Number

_____ _____

Signature Name as it appears on card

The AUR R&E offers the opportunity to recognize a mentor with each $50 donation. I would like to recognize the following mentor(s):

_____

Mail Payment to:
AUR, 820 Jorie Blvd, Suite 200, Oak Brook, IL 60523
or send via Secure Fax: 1-630-571-2198