



**AUR Research and Education Foundation**

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

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

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**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

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Expiration Date (MM/YY)

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Card Number

\_\_\_\_\_ Signature

\_\_\_\_\_ Name as it appears on card

**Mail Payment to:  
AUR  
403 W St Charles Rd, Suite B  
Lombard, IL 60148**