



The WGO Foundation Donation Form

Contact Information

Name: _____

Address: _____

City: _____

State/Province: _____

ZIP/Postal Code: _____

Country: _____

Telephone Number: _____

Email Address: _____

Donation Amount

\$5,000 \$2,500 \$1,000 \$500 \$250 \$100

Other amount: _____
(Minimum \$10)

Frequency

One-time donation

Recurring donation: Ending Date _____
A pledge of the above amount over the time period of your choice.

Donation Designation

A General Donation

Training Centers

Train the Trainers

Travel Grants

Guidelines Development

World Digestive Health Day (WDHD)

Other: _____

I Am:

Gastroenterologist

Hepatologist

Member Society

WGO Member

Health Care Professional

Industry

Other: _____

Payment Information

Type of Card

MasterCard

Visa

American Express

Card Number: _____

Expiry date: _____

CVV #: _____ (three or four digit code on the back of the card)

Date: _____ Signature: _____

Please return form to:

Please return to The WGO Foundation Secretariat by mail, fax or email:
555 East Wells Street, Suite 1100, Milwaukee, WI 53202 USA
Tel: +1 (414) 918-9798 • Fax: +1 (414) 276-3349
info@wgofoundation.org

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