

American Academy of Anesthesiologist Assistants







AAAA Support Pledge Commitment



Name: _____ Date of Pledge: _____
Address: _____
City/State/Zip: _____
Phone: _____ Email: _____
Year Graduated: _____ Practice Location: _____

Yes! I would like to pledge at the level indicated below!

- Level : **SILVER**
All Commitments up to \$99.00
Amount Pledged \$ _____
- Level : **GOLD**
From \$100.00 up to \$249.00
Amount Pledged \$ _____
- Level : **PLATINUM**
From \$250.00 up to \$499.00
Amount Pledged \$ _____
- Level : **PRESIDENT'S CLUB**
From \$500.00 and above
Amount Pledged \$ _____

A portion of your contribution may be used for administrative purposes.

Payment Options

___ Check (Make payable to AAAA)

___ Credit Card (please check one): Mastercard VISA Discover AMEX

Name on Card: _____ Signature: _____
Card No.: _____ Exp. Date: _____ Security Code: _____
Card Billing Address: _____ ZIP Code: _____

Please return form to the Legislative Booth. A receipt of payment will be sent from the AAAA Office.
You can donate online: <https://secure.societyhq.com/aaaa/AAAASupportPledge.iphtml>