

# Legacy Circle Donation

The American Society for Laser Medicine and Surgery (ASLMS) promotes excellence in patient care by advancing biomedical application of lasers and other related technologies worldwide. A primary goal of the Society is to promote the highest ethical and professional standards in the practice of laser medicine and surgery. The ASLMS is honored to recognize your generosity. Please note that the nature and the amount of your gift will remain confidential unless you tell us otherwise on the form below.

## CONTACT INFORMATION

Name(s) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone  Business  Personal \_\_\_\_\_  
Email  Business  Personal \_\_\_\_\_  I give ASLMS permission to contact me by email  
 I/We agree to be recognized as: \_\_\_\_\_  
 I/We prefer to remain anonymous.

## YOUR LEGACY

The nature of my/our proposed legacy gift is as follows:

- A bequest in the amount of \$ \_\_\_\_\_ or \_\_\_\_\_ % of my/our estate through my/our:
  - Will  Trust  Other estate plan document \_\_\_\_\_
- I/We would like to name the American Society for Laser Medicine and Surgery as a:
  - Beneficiary of my IRA or retirement plan. Approximate value: \$ \_\_\_\_\_
  - Beneficiary of life insurance policy in the amount of \$ \_\_\_\_\_
- A Cash Gift in the amount of \$ \_\_\_\_\_
- Other (please explain): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

The federal tax identification number of the ASLMS is 39-1397899.

**Please direct questions to:**

Michelle Morrison, Executive Director  
Email: [Mmorrison@aslms.org](mailto:Mmorrison@aslms.org)  
Phone: 715-845-9283

**Please return this form to:**

Paula Deffner, Accounting Specialist  
American Society for Laser Medicine and Surgery, Inc.  
2100 Stewart Avenue, Suite 240  
Wausau, WI 54401  
Email: [paula@aslms.org](mailto:paula@aslms.org)