



Donation Form
(Cash, credit card or electronic transfer)

Mailing Address:
Development Office
American Mathematical Society
201 Charles Street
Providence, RI 02904-2294

Donor Information

First Name: _____

Last Name: _____

Middle Name: _____ Suffix: _____

Address: _____

Phone: _____

Email (optional): _____

Anonymous contribution (Name will not be published in Notices of the AMS.)

Preference for contact: Phone Email Mail

Donation Details

Please enter the amount you wish to donate next to the applicable fund(s):

Epsilon Fund US\$ _____

General Fund (supports all AMS Programs) US\$ _____

Centennial Fellowship Fund US\$ _____

Is this a commemorative Donation?

No

Yes (please supply us the name of the person)

In Memory of _____

In Honor of _____

If you wish for the AMS to notify the family of the person being commemorated, please provide the name and address:

Method of Payment

- Check
- Credit Card:
 - Card Type: _____
 - Card Number: _____
 - Expiration Date: _____
- Electronic Transfer (see instructions)

In order to serve you better, please tell the AMS what prompted your contribution.

- Dues Notice
- Letter from the AMS President or Executive Director
- Notices Advertisement
- Other

Other Comments or Suggestions

- I am interested in learning more about planned giving opportunities.
- I have included AMS in my will or other estate planning vehicle; please include me as a member of the Fiske Society and contact me for additional information.