



DONATION FORM

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ EMAIL _____

TYPE OF DONATION

- I wish to make a one-time donation of \$ _____
- I Pledge \$ _____ Monthly or Quarterly or Annually (circle one)
- I wish to create an annual named donation for scholarships to be given for the Introductory Course: Osteopathy in the Cranial Field \$ _____
(Suggested donation is \$1,200 per year for each scholarship sponsored)
- I wish to create an Endowment. Contact me to set up or contribute to an investment fund to support: Student Scholarships Research Other

PURPOSE OF DONATION

- Unrestricted: I want the funds used for any current need.
- Restricted - Research: I want to support research the field of Cranial Osteopathy.
- Restricted - FORCE Research Fund: I want to support the Fund for Osteopathic Research & Continuous Education (FORCE); the current program supports research awards for poster presentations at the AAO convocation by students and early career physicians.
- Restricted - Scholarships: I want to support scholarships to early career physicians who want to gain skills in Cranial Osteopathy.
- Restricted - Educational Materials: I want to support the purchase of educational aids and improve teaching resources.
- Restricted - Special Program, please contact me. (Funds will only be used for a specified purpose in keeping with our educational and research support mission.)

- Dedicated Donation:** You can honor a special person or family member by donating in their name. It's our pleasure to send a card notifying the person of your gift. I want my donation to be made in Honor or Memorial (circle one) of:

Please send a card to:

- I would like this gift to remain anonymous.
- I am interested in learning about becoming an Osteopathic Cranial Academy Foundation Member. Please contact me.
- Yes, I would like to receive e-mails from the Osteopathic Cranial Academy about cultivating a new generation of gifted physicians.

DONATING BY CREDIT CARD

Name On Credit Card _____

Card Number _____ Expiration _____ Security Code _____

Or Call 818-796-6750, or Visit our Website:

<https://osteopathiccaf.org/support-the-foundation/>



DONATING BY CHECK:

Please make check payable to “Cranial Academy Foundation, Inc.”

**Submit this form by mail to:
Cranial Academy Foundation, Inc.
P.O. Box 6649, Woodland Hills, CA 91365.**

**To donate by phone or you have questions, contact
Gretchen Weinzimer, Executive Administrator, (818) 796-6750.**

*The Osteopathic Cranial Academy Foundation is a 501(c)(3) charitable organization, FEIN #35-1912585.
Your gift is deductible for federal income tax purposes to the extent provided by law.*

Osteopathic Cranial Academy Foundation
P.O. Box 6649 Woodland Hills, CA 91365
(818) 796-6750 info@osteopathiccaf.org <https://osteopathiccaf.org>