



**Endowed or Named International Visiting  
Scholarship Grant**



You share a deep commitment to the AAO-HNSF’s international mission of encouraging outreach, worldwide collaboration, exchange of information and education among those in the otolaryngology community. Through the respected AAO-HNSF International Visiting Scholars (IVS) program, you can make a tremendous positive impact on patient care and physician education in countries around the world. When you support an IVS grant, it will ensure that a young otolaryngologist from abroad participates in a unique educational experience.

Your gift will support awarding an IVS Grant to a meritorious international otolaryngologist enabling him/her to participate in the AAO-HNSF Annual Meeting & OTO EXPO, in a two-week observership at a U.S. Center of Excellence, and to forge meaningful relationships with U.S. counterparts. If you choose to endow the IVS it will carry your name, or the name of someone you would like to honor. Once fully funded, your prestigious scholarship will be awarded annually.

**Yes! I will support the Endowed or Named International Visiting Scholarship Grant with my tax-deductible gift of:**

- \$30,000 endows one IVS grant and is recognized as a Millennium Society Life\* Member donor
- \$25,000 provides one named IVS grant which generates \$2,000 annual IVS grants until funds are exhausted. This contribution is recognized as a Millennium Society Patron\*\* level donor
- \$10,000/Patron\*\*    \$5,000/Sustaining\*\*    \$1,000/Member    \$250/Young Physician \*\*\*

*\* Life level charitable support requires a \$30,000 one-time pledge, which can be paid over five years.*

*\*\*Patron and Sustaining levels of support require a one-time pledge, which can be paid over three years.*

*\*\*\*Young Physician is a giving category for those eight years out of residency or under 40 years old.*

*Millennium Society yearly recognition runs from January 1 through December 31.*

- Enclosed is my check made payable to AAO-HNSF.**
- I authorize making my contribution using the following credit card information:**

Name as it appears on your credit card:			
Address:		City:	
State:	Zip:	Email:	
AMEX	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	Phone:
Credit Card #:			Exp. Date:
Signature:			

**Return this form by mail, email, or fax to:**

AAO-HNSF  
Attn: DEVELOPMENT  
1650 Diagonal Rd, Alexandria, VA 22314  
Work: 703.535.3775  
[development@entnet.org](mailto:development@entnet.org)  
FAX: 703.683.5100 [www.entnet.org/donate](http://www.entnet.org/donate)

*The AAO-HNS Foundation is a 501 (c)(3) organization.*

*Donations are tax deductible to the extent permitted by current IRS regulations.*