



SSR Donation Form

The Society is a 501(c)(3) corporation, and all gifts are US-tax-deductible. All donations and their tax deductibility are acknowledged by a letter from the SSR President in January of each year, and donors are listed in the February issue of the SSR Newsletter.

- SSR Endowment Fund: intended to provide for new initiatives such as travel fellowships for foreign scientists and to underwrite special meetings and programs.
Anita Payne Endowment Fund: funds the Anita Payne New Perspectives on Reproductive Biology Lecture at the SSR Annual Meeting and SSR trainee participation in leading-edge courses or workshops.
BOR Legacy Fund: supports maintenance and enhancement of Biology of Reproduction.
New Investigator Fund: supports the New Investigator Award, which recognizes an active, Regular member of the Society for outstanding research completed and published within 10 years after receiving the PhD or other equivalent professional degree.
Mahesh Neuroendocrine Program Fund: provides funding for a symposium, plenary session, or similar event at the Annual Meeting with a focus on neuroendocrinology.
Trainee-Mentoring Award: supports the Trainee-Mentoring Award, given to an SSR member who consistently has demonstrated support and guidance exceeding the basic responsibilities of an academic advisor.
Larry Ewing Memorial Trainee Travel Fund: provides travel assistance to Trainee Members of the Society to attend and present their research results at the Society's Annual Meeting.
Past Presidents' Endowment Fund: donations to this fund are designated for the SSR's Annual Meeting.

Donation Amount(s)

SSR Endowment Fund: ..... \$ \_\_\_\_\_
Anita Payne Endowment Fund: ..... \$ \_\_\_\_\_
BOR Legacy Fund: ..... \$ \_\_\_\_\_
New Investigator Fund: ..... \$ \_\_\_\_\_
Mahesh Neuroendocrine Program Fund: ..... \$ \_\_\_\_\_
Trainee-Mentoring Award: ..... \$ \_\_\_\_\_
Larry Ewing Memorial Trainee Travel Fund: ..... \$ \_\_\_\_\_
Past Presidents' Endowment Fund: ..... \$ \_\_\_\_\_
Grand Total: \$ \_\_\_\_\_

Donor Information

Donor Name: \_\_\_\_\_
Mailing Address Line 1: \_\_\_\_\_
Mailing Address Line 2: \_\_\_\_\_
City, State, Zip, Country: \_\_\_\_\_
Please record this as an anonymous donation:  Yes  No

Payment Information

Payment by:  Check  Credit Card:  Visa  MasterCard  American Express  Discover
Name on credit card: \_\_\_\_\_
Credit card number: \_\_\_\_\_
Expiration date: \_\_\_\_\_ Security Code: \_\_\_\_\_
Signature: \_\_\_\_\_

Send or fax to: SSR Business Office
1619 Monroe St
Madison, WI 53711 (USA)
Fax: 608-256-4610