



David A. Hindson Foundation

Donor Form

I want to support the David A. Hindson, MD Education Foundation

With my tax-deductible gift in the amount of:

- Legacy Circle Donor (\$1000 or more) \$ _____
- Collaborator (\$550 to \$999) \$ _____
 - one time donation
 - or as an annual pledge for _____ years.

We will bill you in February each year for your annual pledge.

Payment Options:

Please indicate your preferred method of payment.

- By check made out to the David A. Hindson Foundation,
- By a charge to my Credit Card, or
- By paying through the Hindson Foundation website www.hindsonfoundation.org using PayPal _____

Signature _____ Date _____

Name _____

Address _____

City _____ State ____ Zip _____

Email _____

Home phone _____ Work phone _____

David A. Hindson Foundation

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