



## CWIS Donation Mail-in Form

The CWIS Development Committee supports projects and goals designed to help us optimize the operative and non-operative care of a patient with a chest wall injury. In supporting CWIS through your financial contributions, you help us grow our society, meet our strategic goals, and allow us to give our patients the care they deserve. To learn more about how your donation may be applied, please visit [cwisociety.org](http://cwisociety.org) under Donate Today.

Please include a completed copy of this form with any donations contributed via check. Mail to:

Chest Wall Injury Society  
Attn: Development  
1182 Hudson Avenue  
Salt Lake City, UT 84106  
United States of America

### Donor Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Territory: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

### Contribution

I would like my donation to support (please check one):

- |  |   |
|--|---|
| <input type="checkbox"/> Current Research Initiatives              | <input type="checkbox"/> Scholarships for APC Registration at CWIS Education Activities             |
| <input type="checkbox"/> CWIS 100 Challenges                       | <input type="checkbox"/> Scholarships for Resident/Fellow Registration at CWIS Education Activities |
| <input type="checkbox"/> Mentoring Project                         | <input type="checkbox"/> General CWIS Fund  |
| <input type="checkbox"/> Patient Education/Support Initiatives     |   |
| <input type="checkbox"/> Simulation/Training Equipment & Materials |   |

If you wish to donate in memory, honor, or support of a specific person or group, please provide their name in the space below:

\_\_\_\_\_

Total Amount of Donation: \$ \_\_\_\_\_ (USD)