



THE AMERICAN BOARD OF  
VENOUS & LYMPHATIC MEDICINE

## Contribute to ABVLM

The ABVLM is a 501(c)(6) nonprofit organization. Because we are not a “(c)(3)” charity, any contributions made are **NOT tax-deductible** per IRS guidelines. However, we welcome your contributions to support our operations and cause: *to improve the standards of medical practitioners and the quality of patient care related to the treatment of venous disorders.*

To make a non-tax-deductible contribution to ABVLM via credit card offline or by check, please complete this form and send it to ABVLM Headquarters either via mail at the address below or via secure fax at (209) 644-7688.

ABVLM  
781 Beach Street, Suite 302  
San Francisco, CA 94109-1245

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### Contribution

Contribution amount (in US dollars): \_\_\_\_\_

Would you like to make this a recurring Contribution?

- One-time Contribution
- Monthly
- Quarterly
- Annually

### Contribution Dedication

Have a special reason for your contribution?

- In Honor of
- In Memory of
- In Tribute to

Honoree First Name \_\_\_\_\_

Honoree Middle Name / Initial \_\_\_\_\_

Honoree Last Name \_\_\_\_\_

Please provide a US mail address if you would like an acknowledgement sent to the honoree or their family.

Contact Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Contributor Information**

First Name \_\_\_\_\_ Middle Name / Initial \_\_\_\_\_  
Last Name \_\_\_\_\_ Designation \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Payment Information (if contributing by credit card)**

Credit Card Number \_\_\_\_\_  
Exp Date (MM/YYYY) \_\_\_\_\_ CVV Code \_\_\_\_\_  
Cardholder's Name \_\_\_\_\_  
Billing Address 1 \_\_\_\_\_  
Billing Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_