



Yes, I want to make a tax-deductible donation to help ensure the AAD continues to advance the specialty and provide valuable outreach programs to promote healthy skin, healthy lives.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

I would like to contribute \$ _____

Please accept my: Check Cash

Or charge to my: Visa MasterCard American Express Discover

Name as it appears on card: _____

Credit Card Number: _____

Expiration Date: _____

Please return via mail to: American Academy of Dermatology
Community, Corporate and Philanthropic Relations Department
38546 Eagle Way
Chicago, IL 60678-1385

OR Fax: (847) 240-1916

Thank you for your generosity!