



1061 American Lane  
Schaumburg, IL 60173-4973  
630-912-2554  
FAER.org

### Sponsor A Medical Student Pledge Form

I am making a pledge commitment to Sponsor a Medical Student in the total amount of \$15,000

To fulfill my pledge, I intend to:

- Make quarterly pledge contributions  
Begin date \_\_\_\_\_ End date \_\_\_\_\_
- Make annual pledge contributions  
Begin date \_\_\_\_\_ End date \_\_\_\_\_
- My full contribution is enclosed

Date	
Name of contributor(s)	
Address	
City/State/ZIP	
Telephone	
Email address	

Method of payment	<input type="checkbox"/> Check enclosed (Make checks payable to FAER.) <input type="checkbox"/> Credit card
Credit card type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
	Number: _____ Expiration date: _____
	Name as it appears on card: _____
	Cardholder signature: _____

Please return this form to:     Foundation for Anesthesia Education and Research  
1061 American Lane  
Schaumburg, IL 60173-4973  
FAER@faer.org



## Sponsor a Medical Student Donor Expectations

1. Commit to a \$5,000 Medical Student Sponsorship for three consecutive years.
2. Let FAER staff select the sponsored MSARF student. As a donor, you may provide information about preferences regarding the student you sponsor, but the final decision will be made by FAER staff based on the applications received. List any preferences below.

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3. Provide your preferred listing for FAER website, MSARF Abstract program at ANESTHESIOLOGY and other forms of sponsor recognition below.

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4. Agree to one communication with the selected student that is facilitated by FAER. The preferred option is to attend their poster presentation at ANESTHESIOLOGY to learn about their research, but email and phone will also be accepted.

I agree to the FAER Sponsor a Medical Student Donor Expectations

X\_\_\_\_\_

***Thank you for Sponsoring a Medical Student***