



# The Future of APGO Campaign

The APGO Board of Directors established the APGO Educational Endowment Fund in August 2008 to help sustain the organization over time. The goal is to raise \$5 million dollars within the next 10 years, with support from members, lifetime members and others invested in women's health.

If every APGO member donated \$100 per year, we would surpass our 10 year goal. The APGO Educational Endowment Fund supports research and educational projects for APGO members in women's health education.

Requests for proposals will be announced periodically throughout the year.

### APGO Core Purpose

To globally improve women's health through education

### APGO Core Principle

To engage and provide value for ob-gyn department chairs and members

### APGO Goal

To provide unsurpassed resources and teaching in women's health care education around the world

### OUR APGO Mission

The Association of Professors of Gynecology and Obstetrics promotes excellence in women's health care by providing optimal resources and support to educators who inspire, instruct, develop and empower women's health care providers of tomorrow.

## Yes, I want to support the Future of APGO Campaign:

- |                                    |                  |                                    |             |
|------------------------------------|------------------|------------------------------------|-------------|
| <input type="checkbox"/> Leader    | \$10,000 or more | <input type="checkbox"/> Friend    | \$500-\$999 |
| <input type="checkbox"/> Partner   | \$5,000-\$9,999  | <input type="checkbox"/> Associate | \$100-\$499 |
| <input type="checkbox"/> Supporter | \$1,000-\$4,999  |                                    |             |

Total payment: \$ \_\_\_\_\_

Please make check payable to APGO. Please charge my:  VISA  MasterCard

(Please note: APGO does not accept American Express.)

Please submit your donation, to:

Association of Professors of Gynecology and Obstetrics (APGO), 2130 Priest Bridge Drive, Suite #7, Crofton, MD 21114. Phone: (410) 451-9560; Fax: (410) 451-9568

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

Institution: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Credit Card Billing Address (Required)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_