



The *NEW* 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 current goal is to raise \$5 million dollars within the next 5 years, with support from members, lifetime members and others invested in women's health.

If every APGO member donated \$100 per year, we would we would have more money to commit for new grant projects. 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 | | |

Your 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. APGO Tax ID# 47-605-7648

Name: _____

Institution: _____

Card Number: _____

Expiration Date: _____ / _____

Credit Card Billing Address (Required)

Street: _____

City: _____ State: _____ Zip Code: _____

Signature: _____