

Date \_\_\_\_\_



# Yes!

*Please use my gift to advance the mission and vision of ASIPP through the ASIPP Foundation.*

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## My ASIPP Foundation gift is:

Matching gift of  \$25,000  \$15,000  \$10,000  \$5,000  Other: \$ \_\_\_\_\_

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I would like more information on supporting the ASIPP Foundation.



**ASIPP FOUNDATION**

American Society of Interventional Pain Physicians

**Building a foundation for the future of Interventional Pain Management**

**Mail to: 81 Lakeview Drive, Paducah, KY 42001.**

Phone: (270) 554-9412 | Fax: (270) 554-5394. E-Mail: [asipp@asipp.org](mailto:asipp@asipp.org) | Web Site: [www.asipp.org](http://www.asipp.org)

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