AED ACADEMY FOR EATING DISORDERS

Support the Academy for Eating Disorders

By making a contribution to any of these AED activities, you are ensuring the continuation of innovative programs and services that advance our understanding of effective prevention, treatment, and research in the field of eating disorders.
Thank you for your support!

Please bill my credit card for my tax-deductible contribution of: (specify amount)

- ❑ $10 to $249: Friends/Mentors Circle $
- ❑ $250+: Champions Circle $ _____
- ❑ $1,000+: Presidents Circle $ _____
- ❑ $5,000+: Benefactors Circle $ _____
- ❑ $10,000+: Ambassadors Circle $ _____

Please indicate how you would like your donation to be allocated:

$_____ The AED Scholarship Fund: Clinician, Student/Early Career Investigator Travel Fellowship
$_____ John H. Sayler Memorial Scholarship Program
$_____ AED & Hope Network 1 Family/$1 Drive for Eating Disorders Research
$_____ AED Advocacy Fund (Charter for Action on ED, Global Think Tank, Patient/Carer Task Force, Political Action)
Research Grants:
$_____ AED Student Research Grants
$_____ TJ's Fund for Eating Disorders Research
$_____AED General Fund

Name

Address

City **State** **Zip/Postal Code**

Country

Telephone **E-mail**

Are you a member of the Academy for Eating Disorders? ❑ yes ❑ no

Credit Card Number Name on Card

Card Type Expiration Date

My credit card billing address is the same as my mailing address ❑

If different:

Street

City State Zip/Postal Code

Country

If applicable, please indicate the following:

My gift is in honor of (name) _____

Please send an acknowledgement card to:

Name

Address

City State Zip/Postal Code

Country

Please contact me regarding: Other forms of giving (stocks, securities, insurance, matching funds, etc.) _____

❑ I would like my contribution to remain anonymous.

We appreciate your support. Academy for Eating Disorders • 111 Deer Lake Road, Suite 100 • Deerfield, IL 60015 USA
847/498-4274 • Fax: 847/480-9282 • aed@aedweb.org • www.aedweb.org