



Wound Healing Society

Improving wound healing outcomes through science, education, and communication

PLEASE PRINT OR TYPE

NAME: _____

ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ ZIP: _____ COUNTRY: _____

PHONE: _____ FAX: _____ EMAIL: _____

PLEASE SELECT DONATION AMOUNT

_____ \$100.00

_____ \$50.00

_____ \$25.00

_____ Other Amount

PLEASE ENTER PAYMENT METHOD & INFORMATION

Fees payable via MasterCard, Visa, or check drawn on a US bank



Check Enclosed

Checks payable to Wound Healing Society

VISA/MASTERCARD



Security Code: _____

Where is your Card Security Code? Your credit card's security code is a 3-digit number located on the front or back of your credit card. (See card images above)

CREDIT CARD NUMBER: _____ **EXPIRATION DATE:** ____ / ____

BILLING ADDRESS

(If not the same as address listed above)

SIGNATURE: _____

I authorize WHS to charge my credit card the above fees.

Please make checks (in U.S. funds) payable to:

WHS ♦ 500 Cummings Center, Suite 4400 ♦ Beverly, Massachusetts 01915

Phone: 978-927-8330 ♦ Fax: 978-524-0461

The Wound Healing Society is a 501(c)3 corporation. Contributions to The Wound Healing Society are tax deductible. WHS's Federal Tax ID Number is 54-1543698.