



P.O. Box 6668, Rochester, MN 55903

*Please consider a tax-deductible gift to the Anesthesia Patient Safety Foundation.
Contributions of \$200.00 or greater are listed in the quarterly publications of the APSF Newsletter.*

Name _____ Address _____

City _____ State _____ Zip _____

E-mail Address _____

My gift enclosed in the amount of ☐ \$50 ☐ \$100 ☐ \$150 ☐ \$200 ☐ Other

Check Enclosed ☐ Visa ☐ MC ☐

Credit Card Number _____ Expiration Date _____

Name as it appears on credit card _____

Signature _____

Please make checks payable to the Anesthesia Patient Safety Foundation | Tax deductible to the extent of the law – TN 51-0287258