

Wayne State Surgical Society 2021 Donation

Your Name: _____

Address: _____

City _____ State _____ Zip _____

Service Description	Amount
2021 Dues Payment _____ \$200	_____
My contribution for "An Operation A Year for WSU"	_____
*Charter Life Member _____ \$1000	_____
Total Paid _____	

Payment by Credit Card

*Include your credit card information below and mail it or fax it to
313-993-7729.*

Credit Card Number: _____

Type: MasterCard Visa

Expiration Date: (MM/YY) _____ Code _____

Name as it appears on card: _____

Signature: _____

Billing address of card (if different from above):

Street Address _____

City _____ State _____ Zip _____

**I want to commit to becoming a charter life member with payment of \$1000 per year for the next ten (10) years.*

Payment by Check

Send check made payable to Wayne State Surgical Society to:

Charles Lucas, MD
Department of Surgery
Detroit Receiving Hospital, Room 2V
4201 St. Antoine Street
Detroit, Michigan 48201