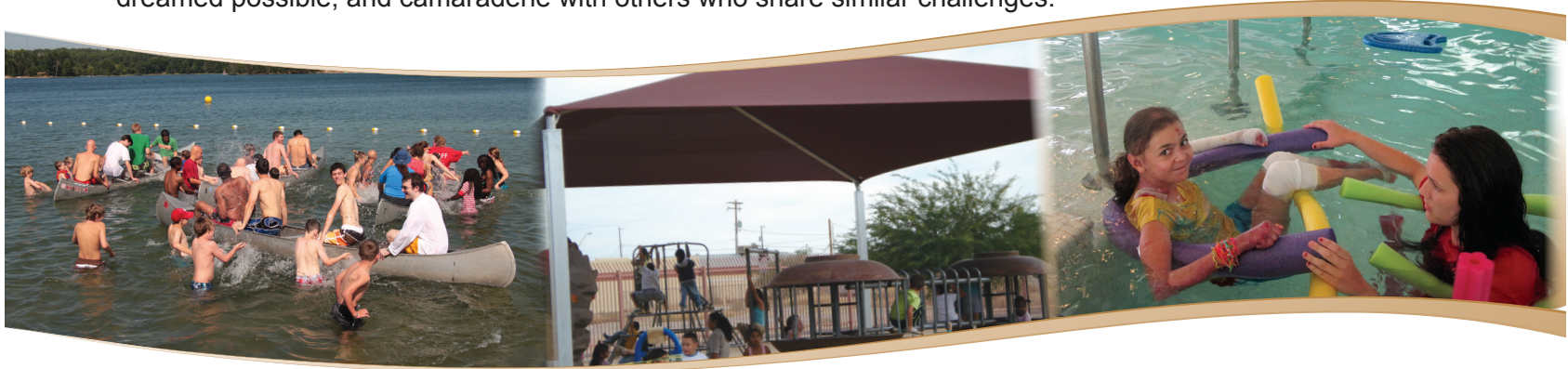




Gifts In Honor & Remembrance show just how much you care!

Tribute gifts honor or remember those who have in some way touched your life. Those who are honored and the families of those remembered with these gifts are deeply moved by the gesture. I hope you will consider using Tribute gifts as a genuine expression of your thoughtfulness and compassion.

Tribute gifts go a step further too. In addition to demonstrating your caring, your Tribute gifts also help send more kids to AAD Camp Discovery where they are transformed through exciting adventures they never dreamed possible, and camaraderie with others who share similar challenges.



“There were tons of fun things to do, new friends to play with, and a feeling of acceptance from everyone I met.”

– Emily H., a 2011 Camper

Kids describe AAD Camp Discovery as a safe haven, a getaway, and a place where you can just be yourself. What a wonderful gift you make possible through your Tribute donations! Tribute gifts can also be designated in support of other AAD programs which provide countless benefits for patients, the public, and the specialty.

As this year comes to a close, I hope you will consider Tribute gifts for occasions and events now and throughout the year. You can learn more about the Tribute Program, view Tribute Donors and Honorees, and make your gift online at www.AADdevelopment.org/TributeGifts.

My best wishes for a happy holiday season!

Kind regards,

C. William Hanke, MD, FAAD
Chair, Development Committee

P.S. Tribute gifts are sincere and meaningful, and can be used for a variety of occasions. Check out www.AADdevelopment.org/TributeGifts for a list of suggestions.

Please accept my tribute gift...

In Honor of _____ In Memory of _____
 Honoree Name/Occasion _____
 Person to be notified _____
 Relationship to Honoree _____
 Address _____
 City _____ State _____ Zip _____
 Check enclosed in the amount of \$ _____
 (make checks payable to **American Academy of Dermatology**)



Charge \$ _____ to my Credit Card
 Type: VISA MasterCard American Express Discover
 Name as it appears on card: _____
 Card Number: _____ Exp. Date: _____
 Signature: _____

Designate my gift to the following AAD program(s):
 AAD Shade Structure Program \$ _____
 Leadership Institute \$ _____
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 Skin Cancer Prevention/Public Awareness \$ _____
 AAD Camp Discovery Endowment \$ _____
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Return to: American Academy of Dermatology
 AAD Development Department
 38546 Eagle Way
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 OR Fax: 847-240-1916

You may also make your gift online by visiting
www.AADdevelopment.org/TributeGifts