CMSS Impact Fund Contribution Form

Contribution Type

◯ Organizational ◯ Individual (Personal)

Contributor Name & Details

Full Name: Date:

Organization Name:

Billing Address:

Email: Phone:

Admin/Billing Email:

Contribution Amount

Please select your level and enter the exact amount you would like to contribute.

☐ Impact Leader *($10,000+)* $

☐ Visionary *($5,000 – $9,999)* $

☐ Champion *($2,500 – $4,999)* $

☐ Supporter *($500 – $2,499)* $

☐ Friend *(Any amount is appreciated)* $

Notes

Please share any additional instructions for our team or reasons why you are contributing below.

Please complete and return this form to membership@cmss.org. An invoice will be provided to you along with payment instructions (ACH or check is preferred). Any questions may be sent to membership@cmss.org or Julia Peterson, CMSS COO at jpeterson@cmss.org.

While we will happily accept contributions through December 31, 2026, forms and payment must be received by October 31, 2026, to receive recognition benefits at the CMSS Annual Meeting (November 18-20 in San Diego, CA).

The Council of Medical Specialty Societies is a 501(c)(3) nonprofit organization (Federal Tax ID #36-2868605). Your donation is tax-deductible to the extent allowable by law.

Thank you for your gift of support to help CMSS advance our impact.