

**WALN yearly dues
2004 Invoice**

Last Name: _____ First Name: _____
Address (if different from the one on file):

Dues: Please check one

Active: \$50 _____
Active Platinum Donor \$100 _____
Active Cedar Donor: \$250 _____
Would like to pay dues for the previous year: \$ _____
Extra donations for the WALN Traveling fellowship awards: \$ _____
For those practicing in Lebanon the dues are \$33.

Credit card, Check or money orders are acceptable forms of payment.

For credit card payments please include the following:

-Type of card: Visa/ Mastercard/Discover/AMEX

Card number: _____

Expiration date: _____ / _____

Amount of payment: US \$ _____

Signature: _____

Date: _____

Make payable to WALN and mail to your regional representative or to:

Ghassan K. Bejjani, MD
200 Lothrop Street Suite 5 C
Pittsburgh, PA 15213, USA

You may also email your payment information to: bejjanigk@upmc.edu

For tax purposes WALN is a not-for-profit tax exempt 501 (c) (3) corporation, with the tax ID number: 41-2041684

We need your input and comments on how WALN can serve you better. Feel free to mail them on an attached paper, or via email to gbejjani@waln.org.