



Honorarium Transfer Form

Author/Speaker Name _____

Event Date _____

Granting Organization

Name _____

Address _____

City, State, Zip _____

Website _____

Contact Person _____

Phone _____

E-mail _____

- Please include my name in the memo portion of the check or with correspondence that accompanies the check for easy identification.
- Make check payable to:
Allergy, Asthma & Immunology Education and Research Organization, Inc. (ARTrust™)
555 E. Wells Street, Suite 1100, Milwaukee, WI 53202
TIN 45-1495723

Please direct any questions to Charlotte Surmer, ARTrust™ Development Coordinator at 414-272-6071 or art@aaaai.org.

ARTrust™ Staff

Please designate my honorarium of \$ _____

____ Where Most Needed

____ Faculty Development/Fellowship Support

____ Education

____ Gail G. Shapiro Clinical Faculty Award

____ Other _____

Author/Speaker signature

Date

NOTE TO AUTHOR/SPEAKER: Please be sure to provide this form to the organization PRIOR to the date the services are given. This helps facilitate the transfer as well as ensure that you do not receive tax liability for the honorarium. Because you are not incurring the tax liability, you are not able to claim the honorarium as a tax credit.

Staff Use Only Acct # _____	Staff Name _____	Date _____
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