

Yale University

The Yale Surgical Society

For those of you who have been reading the YSS Newsletter you are aware that our society has continued its mission of keeping our surgical alumni/ae together, both through our annual meeting and dinner in June, and at the reception that the Department hosts at the American College of Surgeons convention.

But beyond fulfilling that fraternal role, we continue to provide support to Yale medical students who see a career in surgery awaiting them in the future. In addition, the Society's members honor one chief resident with an award for extraordinary excellence that includes both an honorarium and a plaque that attests to their recognition and achievements. The award is named in honor of the beloved Dr. Sam Harvey, who served as Surgery Chairman from 1921 to 1948.

Getting back to the medical students, those in their clinical years who have completed prerequisite clerkships are eligible for the Society's Lindskog International Travel Award, wherein they travel with a member of the surgery faculty to a developing country where they provide care under supervision to the poor and disadvantaged citizenry. It is hoped that their experience will stimulate their interest in continuing such missions in their surgical futures. The successful applicants are also told before their departures that they act not only as representatives of Yale, but as unofficial ambassadors for the United States. This is truly an exceptional opportunity for the students and a great benefit for the recipients of the faculty-student team services that would otherwise be unavailable to them. As many of the Society's members recognize, the award is named in honor of Dr. Gustaf Lindskog, the Department of Surgery's ninth chairman who served from 1948 to 1966, a revered professor and mentor for many.

Without the generous tax deductible contributions of our members, none of these activities would be possible. While the Society's original goal was primarily to be a fraternal organization, it is clear that the other opportunities have fostered its additional success. The result has been of enormous benefit to residents, medical students, and in the case of the Lindskog Award, the distant patients whom they serve.

With respect to individual members of the Society, we no longer request dues. Instead, we seek donations from each of our members that are fully tax deductible and will be applied in accordance with your wishes to one of several programs that we have initiated and are described above. In brief:

- **General Fund:** By assigning contributions to this general fund, we shall be able to apply income to programs that are most in need.
- **Sam Harvey Fund:** A cash award and plaque presented annually to the chief resident in surgery or fellow in a surgical specialty deemed by his or her colleagues to be most outstanding.
- **Lindskog International Travel Award:** Initiated in 2006, this award, unique in American medical schools is given to a Yale medical student

Details for your participation are provided on the next page.

WE NEED YOUR SUPPORT!

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Dear Yale Surgical Society Member:

Please return this page with your donation in the enclosed envelope, indicating the assignment of your contribution to the desired fund, and including your personal information at the bottom so that your gift may be properly recorded and acknowledged. We shall welcome checks (made payable to the Yale Surgical Society), or credit card gifts.

We shall be pleased to receive gifts in any amount but in the past our non-tax deductible annual dues was \$50 while lifetime membership was \$500. Your generosity will be enormously appreciated. Many thanks on behalf of the Society, and the recipients of your donations.

Walter Longo, MD FACS
President, Yale Surgical Society

Fund preference - General Fund \$ _____

Sam Harvey Fund \$ _____

Lindskog International Travel Award \$ _____

Total Gift \$ _____

Please make checks payable to Yale Surgical Society

For credit card payment, please provide your credit card number and expiration date:

Card # _____

___ Visa ___ MasterCard ___ American Express Expiration date ___ / ___

Signature _____

Comments or special instructions: _____

Name (Please print): _____

Any address or telephone number changes? _____
