

YOUR GIFT ADVANCES THE SCLERODERMA FOUNDATION'S MISSION OF SUPPORT, EDUCATION, AND RESEARCH

First Name: _____ M.I.: _____ Last Name: _____

Address: _____

City: _____ ST/Province: _____ Zip: _____ Country: _____

Email: _____ Phone: _____

GIFT TYPE

- A general gift to help in the fight against scleroderma.
- A **tribute** gift to honor a friend, family member, or loved one.
- A **memorial** gift to remember a friend, family member, or loved one.

Please use my gift: Where needed most Research Education & Support Conference Scholarships Awareness

Tribute/Memorial First Name: _____ Last Name: _____

Please send a notification of my tribute/memorial gift to:

First Name: _____ Last Name: _____

Address: _____

City: _____ ST/Province: _____ Zip: _____ Country: _____

Email: _____

Message: _____

How much would you like to give?

- \$25 \$50 \$75 \$100 \$250 Amount \$ _____

Would you like this to be a recurring monthly donation? YES NO

Please, charge my card every month for: one year two years three years

YOUR BILLING INFORMATION (if different from above):

First Name: _____ M.I.: _____ Last Name: _____

Address: _____

City: _____ ST/Province: _____ Zip: _____ Country: _____

Name on Credit Card: _____

Account Number: _____ Exp. MM/YY: _____ CVV: _____

Signature: _____

Donations of \$25 and above automatically enroll you as a member of the Scleroderma Foundation.

Please do not enroll me as a member

Please make checks payable to the Scleroderma Foundation, and mail this form to:
Scleroderma Foundation, 300 Rosewood Drive, Suite 105, Danvers, MA 01923-1389.

(800) 722-HOPE [4673] – www.scleroderma.org

