

Support the Foundation - Help support the Scleroderma Foundation and join us in the search for a cure!

Please mail this form to Scleroderma Foundation, 300 Rosewood Drive, Suite 105, Danvers, MA 01923. For more information, call the Foundation at 800-722-HOPE. If donating by check, please make payable to the Scleroderma Foundation.

YOUR GIFT * Required Fields

First Name: * M.I.: Last Name: *
Address Line 1: * Address Line 2:
City: * State/Province: * Zip Code: * Country: *
Email: * Preferred Telephone: *

Gift Type

A general gift to help in the fight against scleroderma.

Where would you like to designate your gift? Please circle one:

Where it is needed most Awareness Conference Scholarship Fund Research Education & Support

A tribute gift to honor or remember a **friend, family member, or loved one**. Check one: Memorial In honor of

Tribute First Name: * Tribute Last Name: *

Would you like the Foundation to send a notification to someone? If so, please complete below:

First Name: * Last Name: *

Full Address of Notification Person: *

Notification Person Email:

Message to Notification Person:

How much would you like to give?

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

Would you like this to be a recurring monthly donation?

Yes, charge me on the 15th of every month for: **(circle one)** one year two years three years

YOUR BILLING INFORMATION if different from above

First Name: * M.I.: Last Name: *
Billing Address Line 1: * Billing Address Line 2:
City: * State/Province: * Postal Code: * Country: *

Payment Information for Credit Cards

Payment Type: * **(Circle One)** VISA MASTERCARD AMEX DISCOVER
Account Number: * Security Code: * Expiration Month/Year: *

Signature: _____

All donations of \$25.00 and above automatically enroll you as a member of the Scleroderma Foundation.

I do not wish membership benefits with this gift