



YOUR GIFT ADVANCES THE NATIONAL SCLERODERMA FOUNDATION'S MISSION

YOUR NAME: First: _____ M.I.: _____ Last: _____

GIFT INFORMATION

- 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.

Tribute/Memorial First Name: _____ Last Name: _____

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 NO

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

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

Please use my gift at the _____ Chapter.

YOUR INFORMATION:

Mailing Address: _____

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

Mailing Address is the Same as Billing Address? Yes No

If No, Billing Address: _____

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

Name on Credit Card: *(if different from your name above)* _____

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

Signature: _____ Date: _____

Email: _____ Phone: _____

Chapter Affiliation: _____

If your gift is a Tribute/Memorial gift, please send a notification of my Tribute/Memorial gift to:

First Name: _____ Last Name: _____

Mailing Address: _____

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

Email: _____

Message: _____

NATIONAL SCLERODERMA FOUNDATION MEMBERSHIP

- For an additional **\$25 annual fee**, please enroll me as a **member** of the Scleroderma Foundation.

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

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