

AFSA Donation Form

The American Fibromyalgia Syndrome Association, Inc.

PO Box 32698 • Tucson, AZ 85751-2698

Phone: (520) 733-1570 • Fax: (520) 290-5550 • www.afsafund.org

Name: _____ ID (if available): _____

Address: _____

City: _____ State: _____ Zipcode: _____

Country: _____ Phone: (____) _____
(required for credit card donations)

E-mail: _____

Annual Contribution Categories

- | | |
|---|---|
| <input type="checkbox"/> Friends \$25 | <input type="checkbox"/> Check here if you would like your donations of \$50 or more to be anonymous (i.e., no mention in the Update or Website). |
| <input type="checkbox"/> Inspirations \$50 | |
| <input type="checkbox"/> Motivators \$100 | |
| <input type="checkbox"/> Visionaries \$500 | |
| <input type="checkbox"/> Champions \$1,000 | <input type="checkbox"/> Check here if you would like to be mailed instructions on how to make a donation of stock/securities. |
| <input type="checkbox"/> Heros \$10,000+ | |
| <input type="checkbox"/> Any size contribution is welcome! \$ _____ | |

Memorials

This donation is made **in memory of:** _____

Please tell us who we should notify that you have made this donation:

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

This person being notified is the _____ of the deceased.
(Relationship, i.e., mother, sister, daughter, etc.)

Honorariums

This donation is made in honor of or on behalf of: _____

Please give address for notification of this donation:

Address: _____

City: _____ State: _____ Zipcode: _____

Payment Method

Total Donation Amount: \$ _____ *(Please make checks payable to AFSA)*

Visa MasterCard American Express Check / Money Order Enclosed

Card Number: _____ Expiration Date: ____ / ____

Authorized Signature: _____ Date: _____