

**ALSTRÖM SYNDROME INTERNATIONAL DONATION FORM**



Enclosed is my gift of \$\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Country \_\_\_\_\_ Postal code: \_\_\_\_\_

My gift is:

Memorial gift, in memory of: \_\_\_\_\_

Commemorative gift, in honor of: \_\_\_\_\_

Anonymous

Please notify the following of my gift:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal code: \_\_\_\_\_

Payment by check (*Please make your check payable to Alström Syndrome International*)

ASI gratefully accepts VISA or MASTERCARD contributions.

Name: \_\_\_\_\_

Card No. \_\_\_\_\_ Expiration: \_\_\_\_\_ / \_\_\_\_\_

Amount: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My employer is a matching gifts company. (Please obtain the appropriate forms from your company and mail to ASI)

***Alström Syndrome International  
14 Whitney Farm Road  
Mount Desert, Maine 04660 USA***

***FAX: 207 288 6078***

*Alström Syndrome International is a registered 501 (c) 3 charity.  
Contributions are tax deductible in the USA*