

YES! I want to help in the fight against Alström Syndrome!

Your contribution supports ASI's three basic programs: Research, Education, and Family Support, all critical to the families struggling with this terrible disease.

| I am enclosing r | my tax-dedu | uctible contri | ibution at the l | evel indica | ted below: | | |
|------------------------------------|--------------|-----------------------|-----------------------------------|-------------|------------|----------------------|--|
| \$1,000 | \$500 | \$250 | \$100 | \$50 | \$25 | Other | |
| Mu gift is gr | | | | | | | |
| My gift is a: | .: | C | | | | | |
| Memorial giftCoIn memory/honor of: | | | | | | | |
| in memory/non | 01 01 | | | | | | |
| Please: | | | | | | | |
| Make my g | ift anonyma | DUS | | | | | |
| Notify the f | following of | my gift: | | | | | |
| Recipient's Nam | е | | | | | | |
| Address | | | | | | | |
| City | | _ State | _ Postal Code | | Countr | y | |
| Your Mailing Ad | dress: | | | | | | |
| Name | | | | | | | |
| Address | | | | | | | |
| City | | _ State | – Postal Code | | Countr | y | |
| ASI gratefully a | ccepts VISA | or MASTER | CARD contribut | tions. | | | |
| Name as on car | d: | | | | | | |
| Card No.: | | Amount: | | | | | |
| Expiration Date: | | 3 Digit Code on back: | | | | | |
| Signature: | | Date: | | | | | |
| | | | | | | | |
| Aistrom Syna | | - | we appreciate | - | | luctible in the USA. | |
| | | | | | | | |
| | | | il this form with Syndrome Int | 1 0 | | | |
| | | 14 \ | Whitney Farm | Road | | | |
| | | | Desert, ME 04 | | | | |
| | | Visit | our website alstro | öm.org | | | |