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**Immune Recovery Foundation**

**Donation Form**

Please fill out the fields below to submit a donation to the Immune Recovery Foundation. If you would like to donate by credit card or have questions, visit immunerecovery.org/donate/ or call 410-910-1744.

Your gift provides help and hope to people with life-threatening, chronic, and rare illnesses. Thank you!

Your Information

Title: □ Mr. □ Mrs. □ Ms. □ Dr. □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP Code: \_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donation Information

I would like to make a tax-deductible donation of:

□ $25 □ $50 □ $100 □ $1,000 □ Other amount: $\_\_\_\_\_\_\_\_\_

I would like to allocate my donation to:

□ Program Development

□ Program most in need

□ Oncology program most in need

□ Rare disease program most in need

□ Chronic disease program most in need

□ Specific program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visit immunerecovery.org/patients-diseases covered for a complete list of disease funds

Is this gift in honor of someone? □ Yes □No

If yes, this gift is in honor of: Would you like this honorary gift to be anonymous? □ Yes □ No

If no, please inform: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at:

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_

Note: Please make checks and money orders payable to the Immune Recovery Foundation and mail to: P.O. Box 2774, Columbia, MD 21045. Donors will receive an acknowledgement letter confirming donation receipt. Immune Recovery Foundation is a nonprofit organization and does not distribute donor information to third parties.