



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!

Title: Mr. Mrs. Ms. Dr. Other: _____

Company Name: _____ Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____ Phone Number: _____

Donation Information

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

\$100 \$500 \$1,000 \$2,500 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/money orders payable to the Immune Recovery Foundation. Mail to: P.O. Box 2774, Columbia, MD 21045. Donors will receive an acknowledgement receipt. Immune Recovery Foundation is a tax-exempt 501(c)(3) non-profit organization and does not distribute donor information to third parties.