



YOUR GIFT INFORMATION

A general gift to help in the fight against scleroderma.
A **tribute** gift to honor a friend, family member, or loved one.
A **memorial** gift to remember a friend, family member, or loved one.

Tribute/Memorial First Name: _____ Last Name: _____

How much would you like to give?

\$500 \$250 \$100 \$50 \$25 Other Amount \$ _____

Would you like this to be a recurring monthly donation? YES NO

Please use my gift for: Wherever needed most Research Awareness & Support Educational Programs

Please use my gift at this chapter: _____

YOUR INFORMATION

Mailing Address: _____

City: _____ ST/Province: _____ Zip: _____ Country: _____

Mailing Address is the Same as Billing Address? Yes No

If No, Billing Address: _____

City: _____ ST/Province: _____ Zip: _____ Country: _____

PAYMENT INFORMATION

Name on Credit Card: *(if different from your name above)* _____

Credit Card Number: _____ Exp. MM/YY: _____ CVV: _____

Signature: _____ Date: _____

Email: _____ Phone: _____

*Please make checks payable to the **National Scleroderma Foundation**, and mail this form to:
Lockbox National Scleroderma Foundation, P.O. Box 411533, Boston, MA 02241-1533*

If your gift is a Tribute/Memorial gift, please send a notification of my Tribute/Memorial gift to:

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ ST/Province: _____ Zip: _____ Country: _____

Message: _____

NATIONAL SCLERODERMA FOUNDATION MEMBERSHIP

To learn more about becoming a member of the National Scleroderma Foundation, visit: www.scleroderma.org/benefits.