

AFSA Donation Form

The American Fibromyalgia Syndrome Association, Inc.

PO Box 32698 • Tucson, AZ 85751-2698

Phone: (520) 733-1570 • Fax: (520) 290-5550 • www.fibromyalgiafund.org

Name: _____ ID (if available): _____

Address: _____

City: _____ State: _____ Zipcode: _____

Country: _____ Phone: (_____) _____
(required for credit card donations)

Email: _____

Contribution Categories

- | | |
|--|--|
| <input type="checkbox"/> Friends \$25 | <input type="checkbox"/> Check here if you would like to receive email updates on projects funded and newly posted articles. |
| <input type="checkbox"/> Inspirations \$50 | |
| <input type="checkbox"/> Motivators \$100 | |
| <input type="checkbox"/> Visionaries \$500 | |
| <input type="checkbox"/> Champions \$1,000 | <input type="checkbox"/> Check here if we can email your donation receipt - and save postage! |
| <input type="checkbox"/> Heros \$10,000+ | |

Memorials

This donation is made **in memory of:** _____

Please tell us who we should notify that you have made this donation:

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

This person being notified is the _____ of the deceased.
(Relationship, i.e., mother, sister, daughter, etc.)

Honorariums

This donation is made in honor of or on behalf of: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Email of Honoree: _____

Payment Method

Total Donation Amount: \$ _____

(Please make checks payable to AFSA)

Visa MasterCard American Express Check / Money Order Enclosed

Card Number: _____ Expiration Date: ____ / ____

CSV Code: _____ Authorized Signature: _____