

HISTIOCYTOSIS ASSOCIATION™

A Rare Community

Donation Form

Please type or print the information requested below and fax to +1-856-589-6614 or mail to
Histiocytosis Association • 332 North Broadway • Pitman, NJ 08071 USA

DONOR INFORMATION

First Name	Last Name		
Street Address	City	State	Zip Code
Home Phone Number	Email Address		

TRIBUTE INFORMATION

This donation is being made (please check one):

- In Honor of _____
- In Memory of _____

Please send an acknowledgement to:

Name _____

Address _____

City _____ State _____ Zip _____

DONATION INFORMATION

Amount of Donation

- \$35 \$75 \$150 \$500 Other _____

Payment Type (please choose one)

- Check (Enclose with donation form, made payable to *Histiocytosis Association*)

- Credit Card (Please Circle One) American Express Discover MasterCard Visa

Account Number _____ CVV/Security Code _____

Name on Card _____ Expiration Date _____

Card Holder Signature _____

The Histiocytosis Association is a 501(c)(3) organization. Federal tax ID #22-2827069.
Your donation is tax deductible.