

Please mail this form and check to:
American Diabetes Association
P.O. Box 15829
Arlington, VA 22215

Memorial and Honor Gift Mail-In Donation Form

Donation Amount: \$50 \$75 \$100 \$200 Other _____
 Yes, automatically repeat this amount every month (credit card or direct debit)

Gift in Memory/ Honor of:

Send an Acknowledgement Card

Name:

Address:

City: _____ **State:** _____ **Postal Code:** _____

How would you like the acknowledgement card to be signed?

Billing Information

Name:

Address:

City: _____ **State:** _____ **Postal Code:** _____

Email:

Payment

We accept the following methods of payment:

- American Express Discover MasterCard Visa
 Personal Check (make payable to American Diabetes Association)
*if setting up recurring direct deposit, please include a voided check when submitting the form

Credit Card Number: _____ **Card Expiration Date:** _____

Thank you for supporting the American Diabetes Association.