



Thank you for helping us make a difference in the lives of people with diabetes. Please complete the form below and mail it back to us at the following address:

American Diabetes Association
P.O. Box 11454
Alexandria, VA 22312

**MEMORIAL AND HONOR GIFT
DONATION MAIL-IN FORM**

NOTE: All fields marked with an asterisk (*) are required.

Donation Amount

(All amounts are in U.S. dollars.)

\$50 \$75 \$100 \$200 Other Amount: \$_____ (specify amount)

Yes, automatically repeat this amount every month (credit card donations only)

Gift in memory of: _____
(name of deceased)

Gift in honor of: _____
(name of individual)

Send an acknowledgement card to:

Name: _____

Address: _____

City/State/Zip: _____

How would you like the acknowledgement card to be signed?

(name or names)

Your Information

Title: Mr. Mrs. Ms. Miss Dr. Reverend

First Name:* _____ Middle Name: _____

Last Name:* _____

Suffix: Sr. Jr. II. III. IV. V.

Address Type:* Home Work

Street Address 1:* _____

Street Address 2: _____

City:* _____ State or Province:* _____

Zip/Postal Code:* _____ Country: _____

Phone Number: _____

Additional Contact Information

Yes, I'd like a free subscription to *Diabetes World*, ADA's weekly eNewsletter, with news about diabetes research, diabetes legislation, events, and other ways I can help.

Yes, I want to become a Diabetes Advocate and receive Advocacy Action Alert e-mail.

If yes, please provide your e-mail address: _____

Payment Information

We accept the following methods of payment:

Visa Discover MasterCard American Express Personal Check

If paying by credit card, please complete the information below:

Credit Card Number:* _____

Card Verification Code:* _____ Card Expiration Date:* _____

Billing Information

The billing address for my credit card is the same as my address above.

Title: Mr. Mrs. Ms. Miss Dr. Reverend

First Name:* _____ Middle Name: _____

Last Name:* _____

Suffix: Sr. Jr. II. III. IV. V.

Address Type:* Home Work

Street Address 1:* _____

Street Address 2: _____

City:* _____ State or Province:* _____

Zip/Postal Code:* _____ Country: _____

Thank you for supporting the American Diabetes Association.