



DONATION FORM

YES, I want to help Diabetes Action support diabetes research, prevention, and education programs and I have enclosed a donation in the amount of:

\$1,000* \$500 \$250 \$100 \$50 \$25 Other _____

My Name _____

My Address _____

City _____ State _____ Zip Code _____

Email _____

Check Enclosed (made payable to *Diabetes Action*)

Please charge the above amount to my credit card (Visa, Discover, MC, Amex)

Credit Card # _____ Exp ____ / ____

Signature _____

Make this a recurring donation and charge my credit card \$_____ Monthly Quarterly Annually

I am enclosing a matching gift application from my employer

OPTIONAL

This donation is in memory of _____

This donation is in honor of _____ Occasion _____

Please notify the following person of my donation:

Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Include the donation amount in the notification letter? Yes No

Please do NOT include me in any future mailings from Diabetes Action (we never share your information)

MAIL TO

Diabetes Action
PO Box 34635
Bethesda, MD 20827

www.diabetesaction.org
202-333-4520