



Please mail this form and check to :  
American Diabetes Association  
P.O. Box 11454  
Alexandria, VA 22312

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

Donation Amount: \$50 \$75 \$100 \$200 Other Amount: \$

Yes, automatically repeat this amount every month (credit card or debit card)

Memory Honor

Gift in memory/honor of: \_\_\_\_\_

Send an acknowledgement card to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

How would you like the acknowledgement card to be signed? \_\_\_\_\_  
(name or names)

Billing Information:

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City /State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

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

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

Credit Card Number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_

Thank you for supporting the American Diabetes Association.