



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.