

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:**

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### Send an Acknowledgement Card

**Name:**

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**Address:**

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**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**How would you like the acknowledgement card to be signed?**

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### Billing Information

**Name:**

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**Address:**

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**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Email:**

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### 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.**