



# CONTRIBUTION FORM

## CONTACT INFORMATION

Name:

Address:

City:

State:

Zip:

Tel:

E-mail:

## CONTRIBUTIONS

I/we wish to make a contribution to the National Marfan Foundation in the amount of: \$

Contribution Category

My Tribute/Memorial contribution is in

General Support

honor  memory of:

Membership Campaign

Tribute/Memorial (Please complete section at right)

Please send notification to:

Have Heart Campaign

Name:

Research & Progress Appeal

Address:

Conference Scholarship

City/State/Zip:

Fundraising Event (Event Name: \_\_\_\_\_ )

Occasion (if applicable):

## PAYMENT INFORMATION

The total amount of my contribution is: \$

My check or money order, payable to the National Marfan Foundation, is enclosed.

Please charge my credit card:  Visa  MasterCard  AmericanExpress

Card Number:

Exp. Date:

Name on Card:

Signature:

Billing address is the same as above

Credit Card billing address (if different):

Mail this form to: National Marfan Foundation  
22 Manhasset Avenue  
Port Washington, NY 11050

The NMF is a 501(c)(3) nonprofit organization (EIN#52-1265361).  
Your contribution is tax-deductible as allowed by law.

Or fax to: 516-883-8040

For more information, please visit our website at [www.marfan.org](http://www.marfan.org) or  
call us at 800-8-MARFAN.

[WWW.MARFAN.ORG](http://WWW.MARFAN.ORG)

**THANK YOU!**

**800-8-MARFAN**