



# 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  honor  memory of:

General Support

Tribute/Memorial (Please complete section at right)

Please send notification to:

Have Heart Campaign

Name:

Annual Research Drive

Address:

Conference Scholarship

City/State/Zip:

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

Occasion (if applicable):

## MEMBERSHIP

New! First Time Member Rate: \$25/first year

Professional Membership: \$250/year

Individual Membership: \$35/year

Lifetime Membership: \$1,000

Family Membership: \$50/year

## 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

Or fax to: 516-883-8040

The NMF is a 501(c)(3) nonprofit organization (EIN#52-1265361). Your contribution including membership fees and any donation in excess thereof are tax-deductible as allowed by law. 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**