

SARCOMA FOUNDATION OF AMERICA
DONATION FORM



DONOR INFORMATION

Title _____ Name* _____
Address* _____
City* _____ State* _____ Zip* _____ Country _____
(If outside the United States)
Phone* _____ Email _____

GIFT INFORMATION

Gift Amount* \$ _____ Payment Type: ☐ Check/Money Order ☐ Credit/Debit Card

Type of Gift: ☐ In Memory Of ☐ In Honor Of ☐ In Support Of ☐ General Donation

(Enter the name of the person that your gift is in honor or memory of or the name of the event you are supporting, if applicable.)

If you are using a credit or debit card, please select type of card and enter the information below:

Card Type: ☐ Visa ☐ MasterCard ☐ American Express

Name on Card _____

Billing Address _____

City _____ State _____ Zip _____ Country _____
(If outside the United States)

Card Number _____ Exp. Date _____ Security Code _____
(3 digit # on back of Visa & MasterCard
or 4 digit # on front of American Express)

FAMILY/FRIEND NOTIFICATION (optional)

Fill out this section if you would like notification of this gift sent to someone other than the donor you listed. Please give the appropriate name and mailing information. Gift amount will not be disclosed.

Name _____

Address _____

City _____ State _____ Zip _____ Country _____
(If outside the United States)

Message _____

Please check this box if donor wishes to remain anonymous ☐

MATCHING GIFTS: If your employer has a matching gift program, you can increase the value of your donation. Request a matching gift form from your employer and send us the completed form along with your gift.

Please fill out and return this page, along with your payment, to:

SARCOMA FOUNDATION OF AMERICA, 9899 MAIN STREET, SUITE 204, DAMASCUS, MD 20872

If you have any questions, please contact us at info@curesarcoma.org or 301-253-8687.

Thank you for your support!

*Required information