



Donate by Mail Form

Thank you for supporting the HealthWell Foundation, a tax exempt, 501(c)(3) organization.

Please complete form and mail with payment to: HealthWell Foundation, 20440 Century Blvd., Ste. 250, Germantown, MD 20874. If you would like to make your donation by credit card, please complete the information below. If you need assistance or prefer to make a donation by phone, please call 240-632-5300.

PERSONAL INFORMATION

First/Last Name \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Phone No. \_\_\_\_\_ E-mail \_\_\_\_\_

DONATION/GIFT INFORMATION

I would like to allocate my gift: (please check one choice)
[ ] Pediatric Assistance Fund [ ] Health Access Fund (where it is needed most)
[ ] Specific disease area (please visit www.healthwellfoundation.org for a list of disease areas)
\_\_\_\_\_
Donation Amount: [ ] \$25 [ ] \$35 [ ] \$50 [ ] \$100 [ ] \$250 [ ] Enter an amount \$ \_\_\_\_\_

Donation method:

[ ] Credit Card [ ] Check (make checks payable to the HealthWell Foundation)

Please charge my contribution to my:

[ ] MasterCard [ ] VISA [ ] American Express

Credit Card Number: \_\_\_\_\_
Exp. Date: \_\_\_\_\_
Signature: \_\_\_\_\_
Amount: \$ \_\_\_\_\_

HONORARY/MEMORIAL DONATION

[ ] I would like to make this gift in honor of someone special.
[ ] I would like to make this gift in memory of someone special.
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_
Please send acknowledgement card to:
First/Last Name \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

OTHER INFORMATION

[ ] Yes, I would like to receive online news updates from the HealthWell Foundation.
How did you hear about the HealthWell Foundation?
[ ] Friend/family member [ ] Non-profit organization
[ ] Physician/social worker/other healthcare professional [ ] Internet
[ ] Patient assistance program [ ] Other: please explain \_\_\_\_\_



HEALTHWELL  
FOUNDATION®

When health insurance is not enough.®

**Donate by Mail Form**

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**Your Receipt**

***Please save this portion for your records.***

**HealthWell Foundation**

**Check No.** \_\_\_\_\_

**Date** \_\_\_\_\_

**Amount** \_\_\_\_\_

***Your gift is fully tax-deductible. Thank you for supporting the HealthWell Foundation!***

The HealthWell Foundation is a non-profit tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code, and donations to Health Well are tax-deductible to the fullest extent allowed by law. No goods or services were provided to you in consideration of your gift.