



HEALTHWELL
FOUNDATION®

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 Boulevard, Suite 250, Gaithersburg, 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 240-257-5159.

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)

- ☐ 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?

- | | |
|--|--|
| <input type="checkbox"/> Friend/family member | <input type="checkbox"/> Non-profit organization |
| <input type="checkbox"/> Physician/social worker/other healthcare professional | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Patient assistance program | <input type="checkbox"/> Other: please explain _____ |



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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.