Donate by Mail Form

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

Mail completed form along with your donation to: **HealthWell Foundation, 20440 Century Boulevard, Suite 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 donate 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 ☐ Discover

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 ☐ Patient assistance program or other non-profit
☐ Internet ☐ Physician/social worker/other health care professional
☐ 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 HealthWell are tax-deductible to the fullest extent allowed by law. No goods or services were provided to you in consideration of your gift.