

## **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	
	State: Zip Code:
Phone No.	E-mail
DONATION/GIFT INFORMA	TION
I would like to allocate my gif	
☐ Where it is needed most	
☐ Specific disease area (plea	se visit www.healthwellfoundation.org for a list of disease areas)
Donation Amount:  \$25	\$35   \$50   \$100   \$250   Enter an amount \$
Please charge my contribu	neck (make checks payable to the HealthWell Foundation) ion to my: American Express   Discover
Credit Card Number:	
Exp. Date:	
Signature: Amount: \$	
HONORARY/MEMORIAL DO	INATION Ift in honor of someone special.
_	ft in memory of someone special.
_	Last Name:
Please send acknowledgemen	
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 H	ealthWell Foundation?
☐ Friend/family member	☐ Patient assistance program or other non-profit
☐ Internet	☐ Physician/social worker/other health care professional



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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.