



HEALTHWELL  
FOUNDATION®

When health insurance is not enough.®

# Donate by Mail Form

**Mail completed form along with your donation to:** HealthWell Foundation, 20440 Century Boulevard, Suite 250, Germantown, MD, 20874.

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

## 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](http://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: \_\_\_\_\_ CVV: \_\_\_\_\_

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 \_\_\_\_\_