



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 \_\_\_\_\_

