HEALTHWELL FOUNDATION®

When health insurance is not enough.®

Donate by Mail Form

Mail completed form along with your donation to: HealthWell Foundation, 2101 Gaither Road, Suite 410, Rockville, MD, 20850.

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 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 _____