

The Autoimmune Association is a 501 (c) (3) tax exempt charity. Please complete this form to mail your check or money order to our organization. You can also donate by credit card at www.autoimmune.org/donate, or by using the form below.

Send to:

Autoimmune Association
19176 Hall Road, Suite 130
Clinton Township, Michigan 48038

Enclosed is my: Check Money order Credit Card Cash

Donation type: General Memorial Honor Giving Tuesday Annual Appeal/Year-End Giving

Fundraiser (Name/Description): _____

I will make a one time gift in the amount of:

\$25 \$50 \$100 \$250 \$500 Other \$ _____

OR

I will make a monthly gift in the amount of:

\$5 \$19 \$25 \$42 \$100 Other \$ _____

*If you give hope through a monthly gift via credit card, your future donations will be made automatically each month. You will receive an email confirmation when your monthly gift plan is processed. To change or stop your monthly gift, please contact our office at 586-776-3900 or by email at hello@autoimmune.org.

Donor Name: _____

Donor Address: _____

Donor City, State, Zip: _____

Email: _____ **Phone:** (____) _____

Credit Card Number: _____ **Expiration:** ____ / ____ **CVC:** _____

If this gift contribution is a **Memorial** or **Honor** please enter the following information below:

Name of Deceased / Honoree: _____

Please send a **Notification Letter** of my donation to:

(Note: We do not disclose donation amounts to notification recipients)

Name: _____

Address: _____

City, State, Zip: _____

Email: _____ **Phone:** (____) _____

Special notes: _____