



FOUNDATION FOR  
SARCOIDOSIS RESEARCH

Name: \_\_\_\_\_

(As you wish to be listed in our printed materials)  This is an anonymous gift

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I plan to seek a matching gift from my employer

I am interested in: <input type="checkbox"/> Making a stock donation <input type="checkbox"/> Planning a fundraising event <input type="checkbox"/> Planned giving	I am: <input type="checkbox"/> Living with sarcoidosis <input type="checkbox"/> A friend/family of someone with sarcoidosis <input type="checkbox"/> A member of the healthcare community
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Enclosed is my gift of (circle one): \$20 \$50 \$75 \$100 \$150 \$500 Other: \$ \_\_\_\_\_

This is a recurring monthly gift (credit card only)

Please charge my donation to:  VISA  MC  AmEx  Discover

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

Check Enclosed (made payable to Foundation for Sarcoidosis Research)

This gift is made:  in memory of  in honor of \_\_\_\_\_

Please send acknowledgement to: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Foundation for Sarcoidosis Research 320 W Ohio St., Suite 300, Chicago, IL 60654

[www.stopsarcoidosis.org](http://www.stopsarcoidosis.org)