



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