

Adventures for Alopecia Donation Form

Name _____

Address _____

City _____

State _____ Zip Code _____

Telephone _____

Email Address _____

Please email me the latest updates from the field and free e-newsletter? ☐ **Yes** ☐ **No**

I am making a tax-deductible gift of:

☐ **\$50** ☐ **\$100** ☐ **\$500** ☐ **\$1,000** ☐ **Other** _____

Please make your check payable to Adventures for Alopecia and mail it with this form to:
Adventures for Alopecia, 445 S St. NW Washington, DC 20001.

Or fill in the following to charge to your credit card:

American Express, MasterCard, Visa, and Discover accepted.

Authorized Signature _____ Date _____

Card Number _____ Expiration Date _____

Thank you for your generosity. All contributions are tax deductible. Adventures for Alopecia is recognized as tax exempt under section 501(c)(3) of the Internal Revenue Code, Tax ID # 83-3349739.
