



Donation Form

Yes! I would like to support the work of the FSHD Society!

I would like to make a gift in the amount of \$ _____

My company would like to match my gift. I have enclosed the matching gift form.

Make this a monthly recurring gift. My gift is anonymous

My gift is in support of or in honor of: _____

Please notify the following individual(s) of my tribute gift (provide name and email address):

Name(s): _____

Address: _____

City, State, Zip: _____

Phone: () _____ Email: _____

___ I have enclosed a check payable to the *FSHD Society*.

___ I would like to pay by credit card:

VISA

Mastercard

American Express

Discover

Credit Card # _____ Expiration Date: _____

Name on the Card: _____

Please return this form to:

**FSHD Society
P.O. Box 411617
Boston, MA 02241-1617
info@fshdsociety.org**

Thank you for your gift!

The FSHD Society is an independent 501(c)(3) non-profit and tax-exempt U.S. corporation organized to address issues and needs specifically related to Facioscapulohumeral Muscular Dystrophy (FSHD). Contributions are acknowledged for tax purposes.