

## Donation Form

### Donor Information *(please print or type)*

|                 |  |  |         |       |  |
|-----------------|--|--|---------|-------|--|
| Name            |  |  |         |       |  |
| Billing Address |  |  |         |       |  |
| City            |  |  |         | State |  |
| Zip             |  |  | Country |       |  |
| Telephone       |  |  |         |       |  |
| E-Mail          |  |  |         |       |  |

### Gift Information

I (we) will pay in the form of enclosed Check or Money Order payable to IARS, in US Funds.

To donate using a credit card, please visit our website at <http://www.iars.org/donate/>

### Matching Gift Information

Some employers will match donations made by employees to charitable organizations. Check with your human resources department and submit the required forms to maximize your gift.

Gift will be matched by \_\_\_\_\_ (company/family/foundation).  
*(Please include necessary forms)*

### Acknowledgement Information

If you do not wish to be recognized online and/or in printed materials, please check this box:

### In Memory or In Honor Of

To designate this gift in memory or in honor of someone, please complete the section below.

|   |         |      |  |       |  |     |  |
|---|---------|------|--|-------|--|-----|--|
| Check One: <input type="checkbox"/> In Memory <input type="checkbox"/> In Honor |         | Name |  |       |  |     |  |
| Mailing Address<br>for Notification   | Name    |      |  |       |  |     |  |
|   | Address |      |  |       |  |     |  |
|   | City    |      |  | State |  | Zip |  |
|   | Country |      |  |       |  |     |  |

### Mail Donation with Completed Form to:

#### IARS

90 New Montgomery Street, Suite 412  
San Francisco, CA 94105

### Contact Information

Tricia Brazil  
Program Director  
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***Your donation is tax deductible to the full extent allowed by law. Please check with your tax advisor.***