

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 for Notification	Name						
	Address						
	City			State		Zip	
	Country						

Mail Donation with Completed Form to:

IARS
 P.O. Box 7695
 San Francisco, CA 94120-7695

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.