

WCG FOUNDATION™

Improving lives by delivering on the promise of research

GIVE NOW

Please print this page and complete.

To return by mail: WCG Foundation, 245 N. Highland Ave., Suite 230, PMB 466, Atlanta, GA 30307

Questions? Call 404.386.8982

Please indicate how you would like your gift to be directed:

- Where my gift is needed most Expanded access to experimental treatments
 Education grants Scholarships

Name of contributor(s): _____

Please provide your name as you would like it to be listed in donor communications (e.g., Mr. John Smith, Dr. and Mrs. John Smith)

Gift amount: \$ _____ **I wish to make a gift by:** check credit card

Please charge to my: Visa MasterCard

Cardholder name: _____

Card number: _____ **Expiration date:** ____/____/____

Billing address: _____

City/State/Zip code/Country: _____

Phone: (____) _____ **E-mail:** _____

My employer has a matching gift program. I will let them know of my contribution to WCGF.

Name and address of employer: _____

If this gift is in honor or memory of someone, please fill out the information below.

This gift is made in honor/memory of (name): _____

Your relationship: _____

Name of individual to be notified (if applicable): _____

Street address: _____

City/State/Zip code/Country: _____

Thank for your gift to WCGF.