

# 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:** \_\_\_\_\_

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Thank for your gift to WCGF.