

# GENERAL DONATION FORM

Please mail this completed form with donation to:  
Global Lyme Alliance, 1290 East Main Street, 3<sup>rd</sup> Floor, Stamford, CT 06902



TYPE OF DONATION (check one):  One-time donation  Monthly donation

AMOUNT OF DONATION:  \$25  \$50  \$100  \$500  Other \_\_\_\_\_

## DONOR INFORMATION

Personal  Corporate

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

## PAYMENT DETAILS:

My check is enclosed, made payable to "Global Lyme Alliance"

Please charge my credit card

## CREDIT CARD DETAILS:

Personal Card  Business Card

AMEX  Discover  Mastercard  Visa

Credit Card No. \_\_\_\_\_ Sec Code \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Company, if applicable \_\_\_\_\_

*Billing Address, if different than above:*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

## IS THIS GIFT A TRIBUTE?

In honor of  In memory of

Send acknowledgement:  Yes  No

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

## CONTACT GLA

Global Lyme Alliance, 1290 East Main Street, 3<sup>rd</sup> Floor, Stamford, CT 06902 | [GLA.org](http://GLA.org) | [info@GLA.org](mailto:info@GLA.org) | 203-969-1333

*By completing this form, your information will be added to GLA's secure database.*