

## **Donation Form**

Donations by check should be made payable and mailed to: Hope for Hypothalamic Hamartomas, PO Box 941, Eagle, ID 83616. Please print and enclose the following form. HopeforHH.org tax id is **EIN: 27-1433464** 

Donation Amount:	<u>\$10.00</u>	<u>\$25.00</u>	<u>_</u> \$50.	.00 If C	Other, enter amount:	
	<u></u> \$100.00	<u></u> \$250.00	Oth			
<b>Donor Information</b>	<u>.</u>					
First Name:				Last Name:		
Email:				Company:		
Mailing Address:						
City/Town:						
State/Province:					Zip/Postal Code:	
Country:						
Honoree/Memorial Information:						
Gift Type:	Honore	e / Memoria	m Infor	mation:		
☐In Honor	Fir	st Name:				
☐In Memory		-t N				i
Other Type	e La	st Name:				
Send the acknowledgement to:						
First Name:				Last Name:		
Email:						
Mailing Address:						
City/Town:						
State/Province:					Zip/Postal Code:	
Country:						
Matching Gifts:						
Many companies offer matching gift programs to encourage their employees to contribute to a charitable organization. Most of these programs match contributions dollar for dollar, while some double or triple the amount of your gift. Please contact your employer to see if they offer a matching gift program. If so, complete the form they provide and mail it to the address above.						

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My Company: ODoes Match ODoes NOT Match Not Applicable