



## Donation Form

**I support the International FOP Association with the enclosed donation.**

**Donation:**

*Please make your check payable to the IFOPA.*

☐ \$1,000 ☐ \$500 ☐ \$250 ☐ \$100 ☐ \$50 ☐ Other \$ \_\_\_\_\_

☐ Make my/our gift anonymous

☐ Please list my/our name as \_\_\_\_\_

*Please use my/our gift for:*

☐ Greatest Need ☐ IFOPA Research Programs ☐ Gene Therapy Research Grants ☐ ACT for FOP Research Grants

☐ Research at University of Pennsylvania ☐ Family Education & Support Services ☐ Harold & Elaine Kaplan Quality of L.I.F.E. Awards

☐ Other \_\_\_\_\_

☐ Please contact me about setting up a recurring gift so I can give monthly.

☐ Please contact me about planned gifts, such as wills and other estate gifts, to the IFOPA

**Donor Information:**

Name(s): \_\_\_\_\_

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

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

Country: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

**In Honor/Memory:**

Please dedicate my gift ☐ in honor or ☐ in memory of: \_\_\_\_\_

Message: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Unless you indicate NO, we will share your contact information with the named individual/family, if the name is in our database.

We do not share gift amounts. May we share your contact information? ☐ Yes ☐ No

**Employer Match:**

*Please include any paperwork required by your employer to match your gift.*

Employer: \_\_\_\_\_

Employee name: \_\_\_\_\_

Employee email: \_\_\_\_\_

**Please mail to:** International FOP Association, PO Box 800084, Kansas City, MO 64180

If you have any questions, contact Cathryn Roys, Fundraising & Special Projects Manager, at [cathryn.roys@ifopa.org](mailto:cathryn.roys@ifopa.org)

**Thank you for your support!**