



Foundation for Ichthyosis & Related Skin Types, Inc.™

DONATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Preferred Phone _____ Phone Type _____

Email _____

Gender _____ Date of Birth _____

Type of Ichthyosis _____ Personally affected with ichthyosis? _____

Occupation _____ Employer _____ Matching Gift Program? Y/N

Name of person affected _____

Gender _____ Date of Birth _____ Relationship _____

Please have someone from FIRST contact me to learn more about the Regional Support Network. Y/N

Type of Donation

General Donation _____ Membership/Renewal _____ Phantom Tea _____ Research _____

Special Event _____ Name of Event _____ Other _____

*Honor/Memorial Donation _____

*Honoree/Memory of First Name _____ Last Name _____

**A card announcing your gift without the dollar amount should be sent to:*

Payment Information

Check No. _____ Amount \$ _____ Date _____

Credit Card Information:

Type: MasterCard Visa American Express Discover

Account No.: _____ Exp. Date: _____