



## Foundation for Ichthyosis & Related Skin Types, Inc. (FIRST)

### PAYMENT/DONATION FORM

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card (check one):  Visa  Mastercard  AMEX  Discover

Credit Card No. \_\_\_\_\_ Check# \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Type of Donation:**  General  Memorial  Honor  Research  Special Event

Honoree/memorial/event name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person affected: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Type of Ichthyosis: \_\_\_\_\_

*The Foundation for Ichthyosis & Related Skin Types, Inc.® is a registered 501(c)3. All donations are considered tax-deductible to the full extent of the law.*

*Our Federal Tax Identification number is 94-2738019.*

**Mail to: FIRST, PO Box 1067, Lansdale, PA 19446**

Transaction ID# \_\_\_\_\_

8/13/2020