

General Donation Form

For mail or fax

Yes! I would like to support the work of the FSH Society - education, outreach and research!

___ I would like to make a one-time donation in the amount of \$ _____

___ I would like to make a repeating donation in the amount of \$ _____

I authorize the FSH Society to charge my credit card this amount at the following interval,

Monthly Quarterly Bi-annually

___ My company would like to match my gift. I have enclosed the matching gift form.

Name(s): _____

Address: _____

City, State, Zip: _____

Phone: () _____ Email: _____

___ I have enclosed a check payable to the *FSH Society, Inc.*

___ I would like to pay by credit card:

VISA Mastercard American Express Discover

Credit Card # _____ Expiration Date: _____

Signature: _____

Name on the Card: _____

Please mail or fax this form to:

FSH Society, Inc.
64 Grove Street
Watertown, MA 02472

Fax: (617) 658-7879



The Facioscapulohumeral (FSH) Society is an independent 501(c)(3) non-profit and tax-exempt U.S. corporation organized to address issues and needs specifically related to Facioscapulohumeral Muscular Dystrophy (FSHD). Contributions are acknowledged for tax purposes.