

Tribute Gift Form

For mail or fax

My gift of \$ _____ is made

In honor of _____

In memory of _____

Please send notification of my gift to:

Name(s): _____

Address: _____

City, State, Zip: _____

Donor Information

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.