

Please return your tax deductible gift with this form to:

Defeat Diabetes Foundation  
150 153rd Ave, Suite 300  
Madeira Beach, FL 33708



## DONOR INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

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

Country: \_\_\_\_\_ Province (if not USA): \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Yes, I would like to receive updates on how we are ending the global diabetes epidemic together.

## GIFT INFORMATION

Enclosed is my gift of \$ \_\_\_\_\_ (Please make check payable to Defeat Diabetes Foundation.)

Please charge my credit card for \$ \_\_\_\_\_

Visa  MasterCard  American Express  Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

## MEMORIAL AND TRIBUTE DONATIONS (OPTIONAL)

This gift is in Memory of:  This gift is in Honor of:

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

### SEND GIFT NOTIFICATION TO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

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

Country: \_\_\_\_\_ Province (if not USA): \_\_\_\_\_

### PERSONAL MESSAGE

\_\_\_\_\_  
\_\_\_\_\_

Defeat Diabetes Foundation is a public charity exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code and the organization's Federal Identification Number (EIN) is 59-3027985.